

Name  
in  
Full

Margaret Pearl Ambrosius

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Anne Arundel			Deye	
Date of death 1900	Month April	Day 2	Age 17	Years 11	Months
Sex Female	Color or Race	white	Birth-place	Maryland	
Occupation	Where Residing if not et place of death resided at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jocet Ambrosius				
Mother's Maiden Name	Margaret Rinsmider				
Name of person giving information	Jocet Ambrosius				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

28

How long

3 years

Immediate

Some

How long

Some

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Arthur Williams  
Elk Ridge Ind

Accident or Suicide

no



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Annie Booze  
Town Annapolis Neck A. A. County

MARYLAND

Died at  
Date of death 190 Month Apr Day 22 Age 59 Months Days

Sex Female Color or Race Colored  
Occupation House Wife Where Residing if not at place of death

Birth-place Calvert Co. Md.

Married, Single or Widowed Married Name of Wife or Husband

John H. Booze

Father's Birthplace Calvert Co. Md.

Father's Name Henry Koch

Mother's Birthplace " " "

Mother's Maiden Name Meafia Beede

How related to deceased Brother

Name of person giving Information Thomas Koch

67  
How long

CAUSES OF DEATH

Primary

Progressive Paralysis Months  
Asthenia How long

Immediate

Gradual  
John Ridout MD  
Annapolis Md

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

Accident or Suicide

Aug. 18th.

Name  
in  
Full

Thomas Rose

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Marley</u> Town		County <u>Anne Arundel</u>		MARYLAND		
Date of death <u>1910 April</u>	Month <u>April</u>	Day <u>6</u>	Age <u>52</u>	Years <u>52</u>	Months <u>0</u>	
Sex <u>Male</u>	Color or Race <u>African</u>	Birth-place <u>Accord</u>				
Occupation <u>Labour.</u>		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	<u>Mary Catherine</u>				
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information	<u>Mary Catherine Rose</u>					How related to deceased <u>wife</u>

CAUSES OF DEATH

Primary

How long

Gangrene

How long

3 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Thomas H. Brayshan

Address

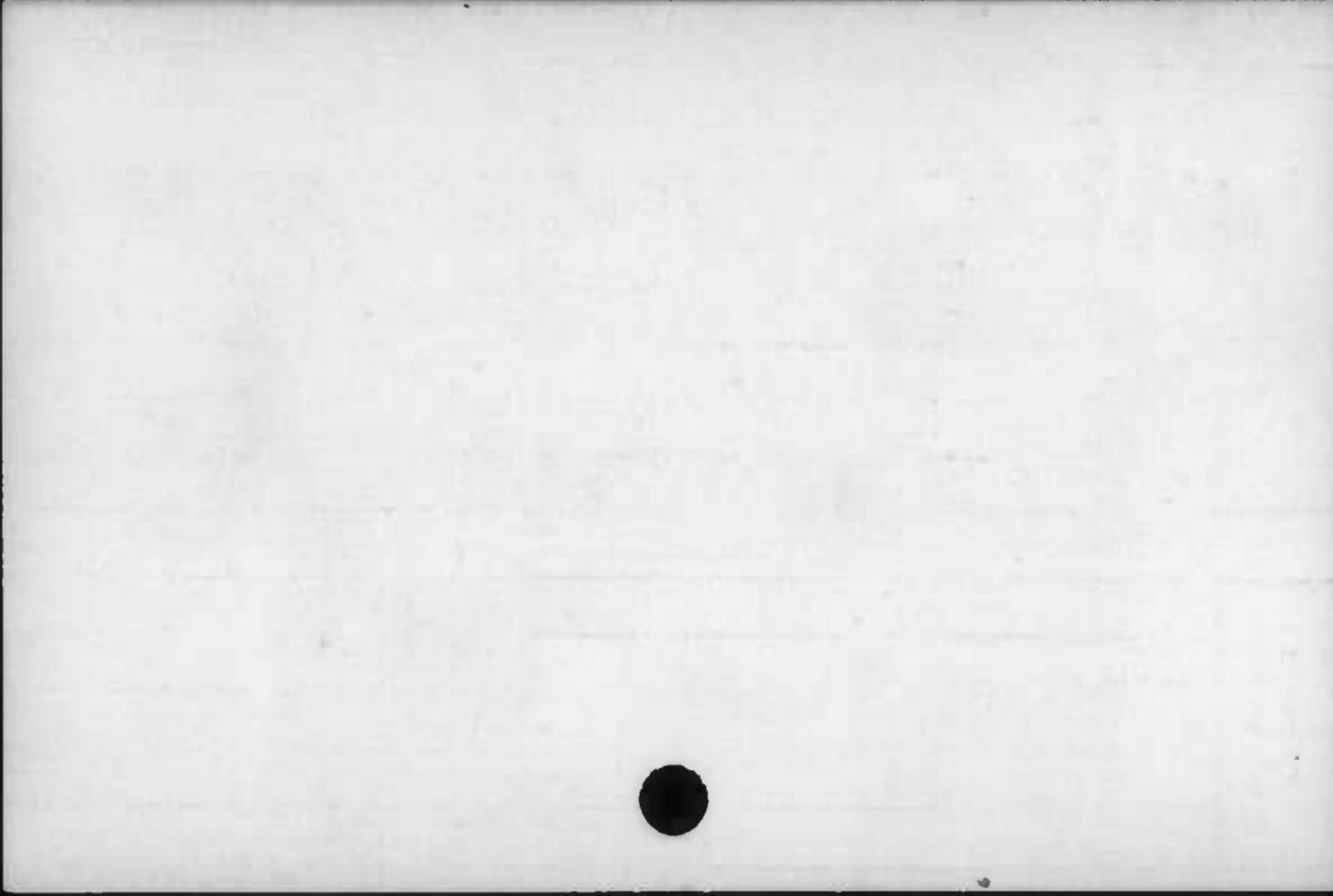
Gen. Burnie

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Accident or Suicide?



Name  
in  
Full

Samuel Bradley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>So. Salter</u>		Town	County <u>ala-</u>		MARYLAND	
Date of death <u>1910</u>	Month <u>Apr</u>	Day <u>7</u>	Age <u>85</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>md</u>				
Occupation <u>Ship Joiner</u>		Where Residing if not at place of death <u>Sarah Bradley</u>				
Married, Single <u>Single</u>	Name of Wife or Husband <u>Sarah Bradley</u>	Father's Name <u>Unknown</u>		Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>md</u>		How related to deceased <u>Wife</u>		
Name of person giving information <u>Sarah Bradley</u>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

General Debility

154

3 months

Immediate

Heart Failure

How long

at once

Are the name, age, sex, color, date and place correctly given above?

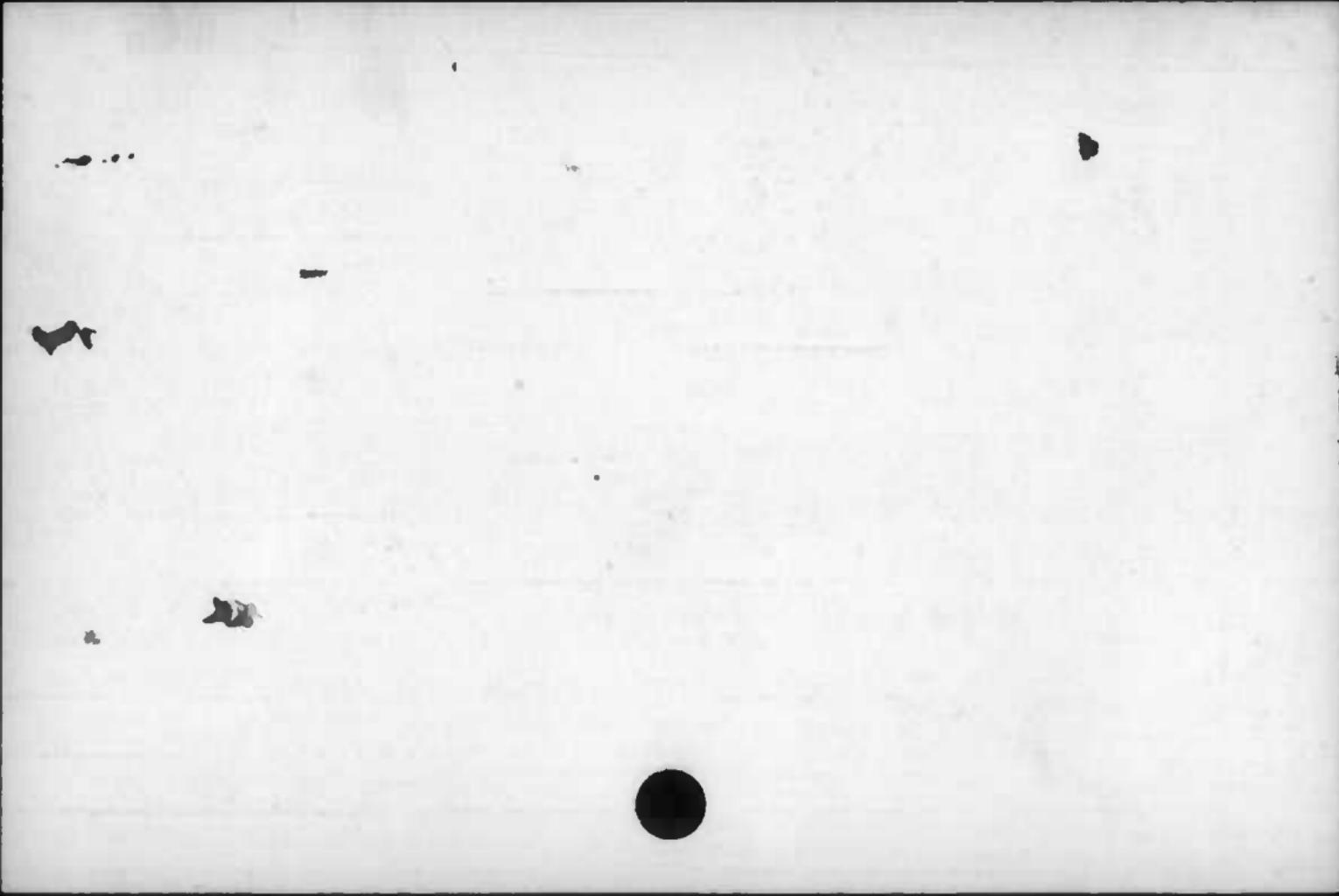
yes

Signature of Physician

Address

Dr. J. G. Norton MD  
So. Salter, Md.

Incident or Suicide

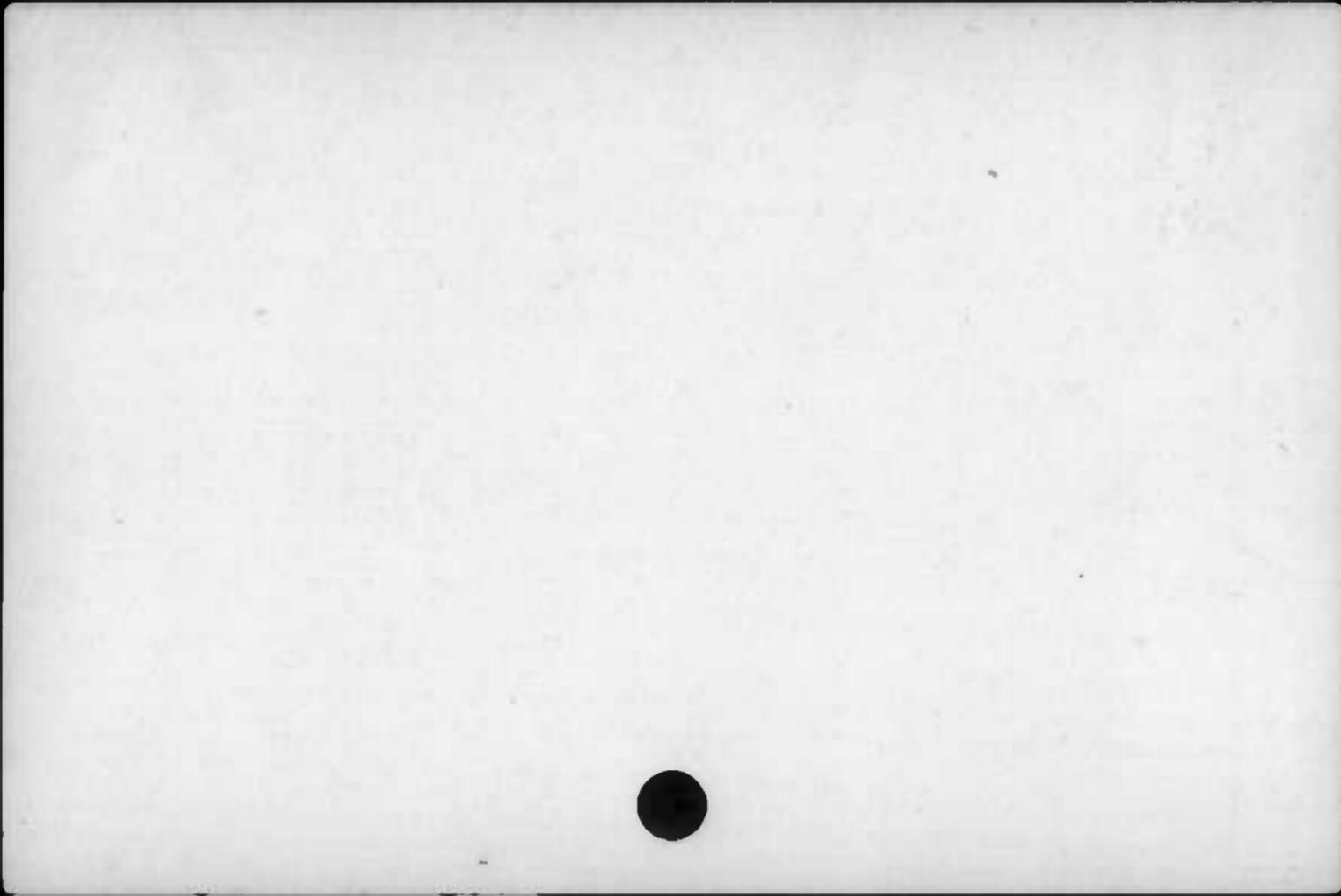


Alice Brandford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at near Harman		Town Anne Arundel		County MARYLAND	
Date of death 1960	Month April	Day 2nd	Age	Years	Months 1
Sex Female	Color or Race Colored	Days 7			
Occupation (none)		Where Residing if not at place of death resided at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Archin Brandford	Father's Birthplace Abecold				
Mother's Maiden Name Daisy Spragg	Mother's Birthplace Abecold				
Name of person giving information Marguerite Spragg	How related to deceased Grandmother				
CAUSES OF DEATH					
Primary	Whooping Cough				
Immediate	Convulsions				
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician C.P. Winkleson M.D.		How long 2 weeks	
				Address Hanover Md	
Accident or Suicide?					



Name  
in  
Full

Golden Lucille Bradford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Dear severn		County Anne Arundel		MARYLAND		
Date of death 190	Month April	Day 3	Years 1	Months 3	Days 19	
Sex Female	Color or Race Colored	Birth-place Annapolis				
Occupation None	Where Residing if not at place of death resided at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Frederick Bradford	Father's Birthplace Princetown &					
Mother's Maiden Name Mary Elizabeth Wilson	Mother's Birthplace Atco Lee					
Name of person giving Information Mary Elizabeth Bradford	How related to deceased Mother					

CAUSES OF DEATH

⑧

Primary

Whooping Cough

How long

2 weeks

Immediate

Convulsions

How long

20 hours

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

yes

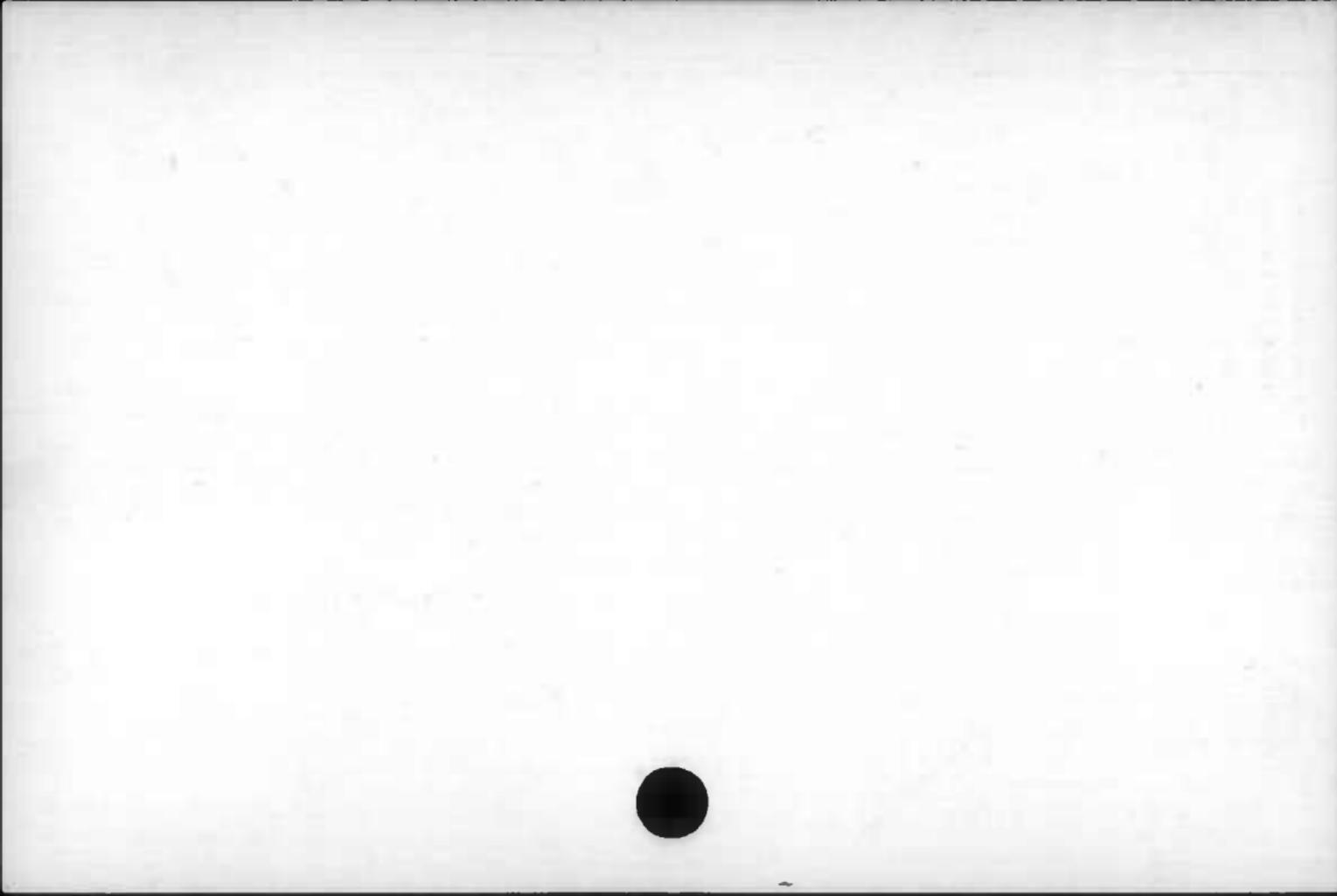
Signature of  
Physician

C. R. Wm. L. Wilson M.D.

Address

Hanover  
Md

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary E. Bromwell

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1900 April 23

Age 31

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

John E. Bromwell

Father's  
Name

James E. Brower

Father's  
Birthplace

Va

Mother's  
Maiden Name

Lottie Louis

Mother's  
Birthplace

Md

Name of person giving  
Information

James E. Bromwell

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

28

How long

Immediate

Tuberculosis

How long

two years

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

John E. Peter Corcoran  
Brooklyn  
Co. Md

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Brooks

CERTIFICATE OF DEATH

Died at Brooklyn

Town

County

MARYLAND

Date of death 1900 Month April Day 22

Month

Day

Years

Months

Days

Age

Sex Male

Color or  
Race

Colored

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Benton Brooks

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mary E. Watkins

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Benton Brooks

How related  
to deceased

Father

CAUSES OF DEATH

Primary

151

11

How long

Immediate

Premature Birth

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

John E. Peter Cor  
Brooklyn  
A Co Md

Accident or Suicide



Name  
in  
Full

Raymond Burley

CERTIFICATE OF DEATH

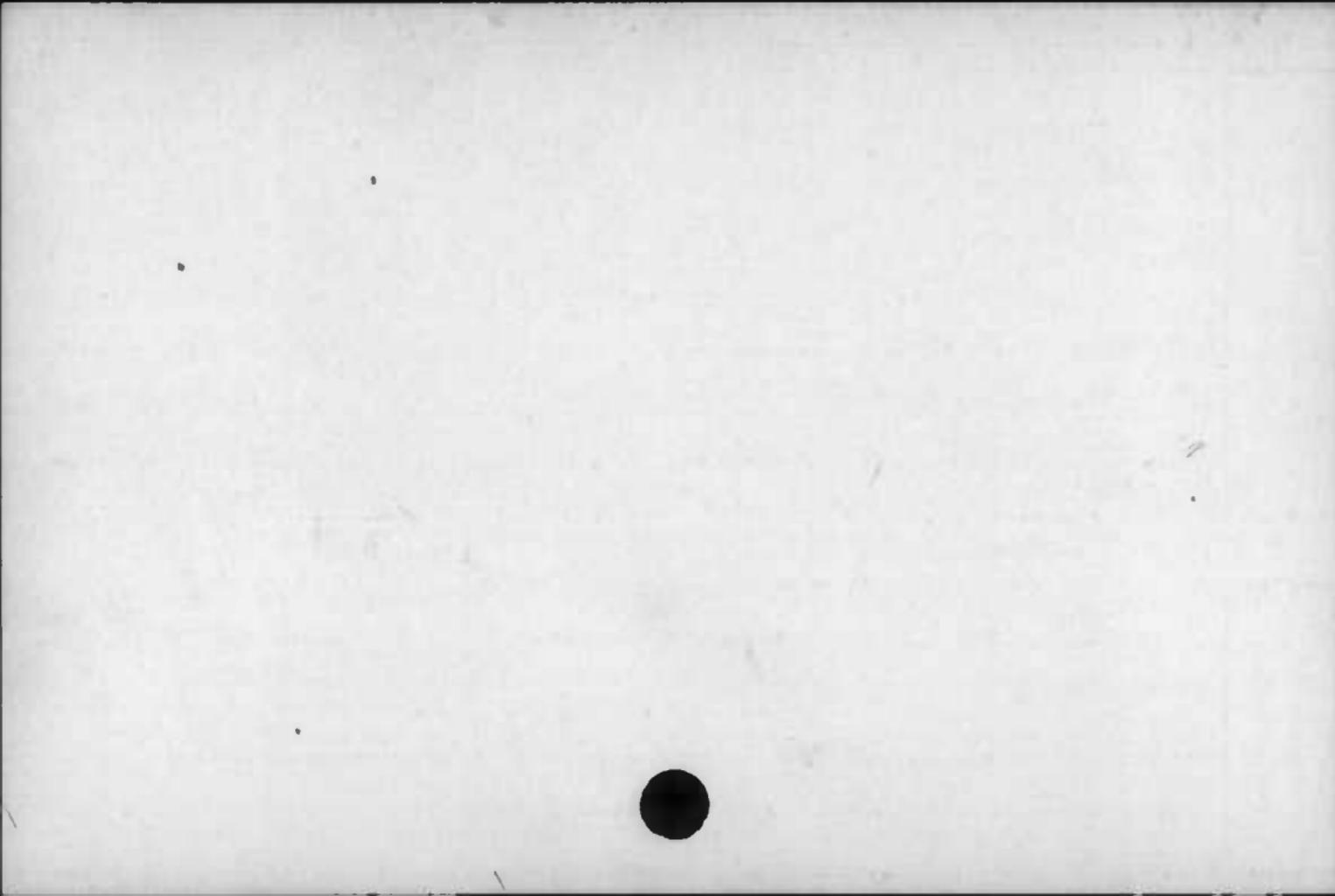
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
196	4	27	Age	3	21	
Sex	Male	Color or Race	Colored	Birth-place	Maryland	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Summerfield Burley					
Mother's Maiden Name	Mabel Carter					
Name of person giving information	Summerfield Burley					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Hereditary Syphilis		How long	Three months
Immediate	Exhaustion		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. H. Hammond	
		Address	Fessup	
Accident or Suicide?		Do		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Urias Burley

Town

Brooklyn

Died at

Month

Day

County

Anne Arundel

MARYLAND

Date

of death

1900

Month

April

Day

9

Years

62

Months

1

Days

12

Sex

Male

Color or  
Race

Colored

Birth-  
place

Md

Occupation

Farmer

Where Residing if not  
at place of death

Brooklyn

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Sarah Burley

Father's  
Birthplace

Md

Father's  
Name

John Burley

Mother's  
Maiden Name

Catherine Jackson

Mother's  
Birthplace

Md

Name of person giving  
Information

Sarah Burley

How related  
to deceased

Wife

CAUSES OF DEATH

Primary

Brights

120

How long

v

Immediate

Heart Failure

unknown

Are the name, age, sex, color, date  
and place correctly given above?

Yps

Signature of  
Physician

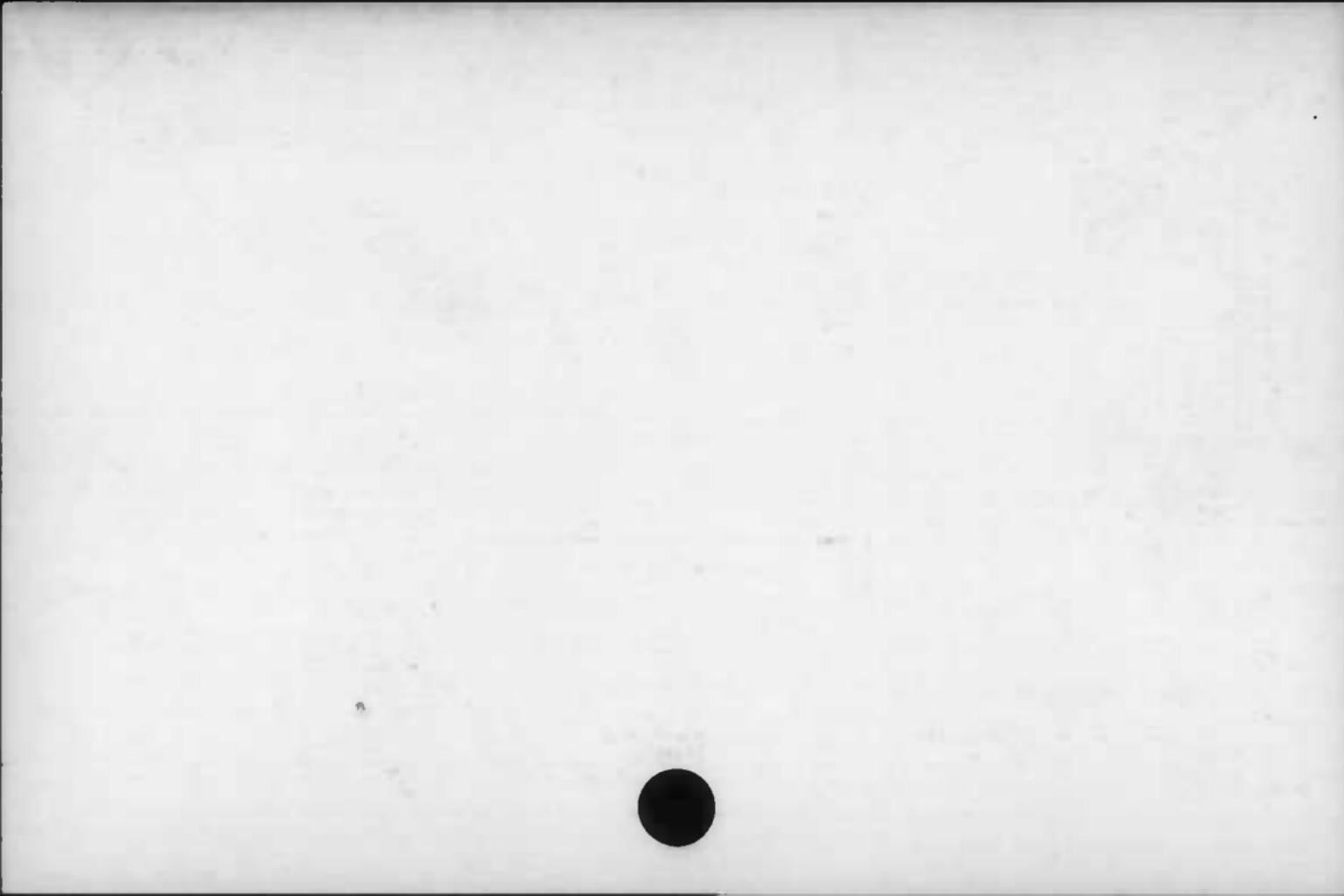
Address

John Stote

Brooklyn

A G C Md

Accident or Suicide



Name  
in  
Full

Sarah A. Bushong

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Milwaukee County aa  
Died at Milwaukee Date of death 1900 Month 4th. Day 1st. Age 71 Months 8 Days 20  
Sex Female Color or Race White Birth-place Maryland  
Occupation Housewife Where Residing if not at place of death  
Married, Single or Widowed Married Name of Wife or Husband Isaac Bushong  
Father's Name Abraham Mother's Name Mrs F Father's Birthplace Penn.  
Mother's Maiden Name Katherine Slemmons Mother's Birthplace Holland  
Name of person giving Information Elijah Bushong How related to deceased Slaughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Spasmodic  
Heart failure

50

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. Blant M.D.  
Milwaukee

Accident or Suicide



Name  
in  
Full

Fabba Butler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

NEAREST FRIEND

Died at		Town <i>Anne Arundel</i>	County <i>Anne Arundel</i>		MARYLAND	
Date of death 190		Month <i>April</i>	Day <i>28</i>	Years <i>13</i>	Months <i>—</i>	Days <i>—</i>
Sex	Female		Color or Race <i>Colored</i>	Birth-place <i>Anne Arundel</i>		
Occupation	<i>School girl</i>		Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband			
Father's Name	<i>William Butler</i>		Father's Birthplace <i>St. Marguerite</i>			
Mother's Maiden Name	<i>Kate Johnston</i>		Mother's Birthplace <i>St. Marguerite</i>			
Name of person giving Information	<i>William Butler</i>		How related to deceased <i>Father</i>			

**PHYSICIAN  
OR CORONER**

## Primary

Cereb - spinal meningitis.

### Immediate

## Heart Failure

Are the name, age, sex, color, date and place correctly given above?

3

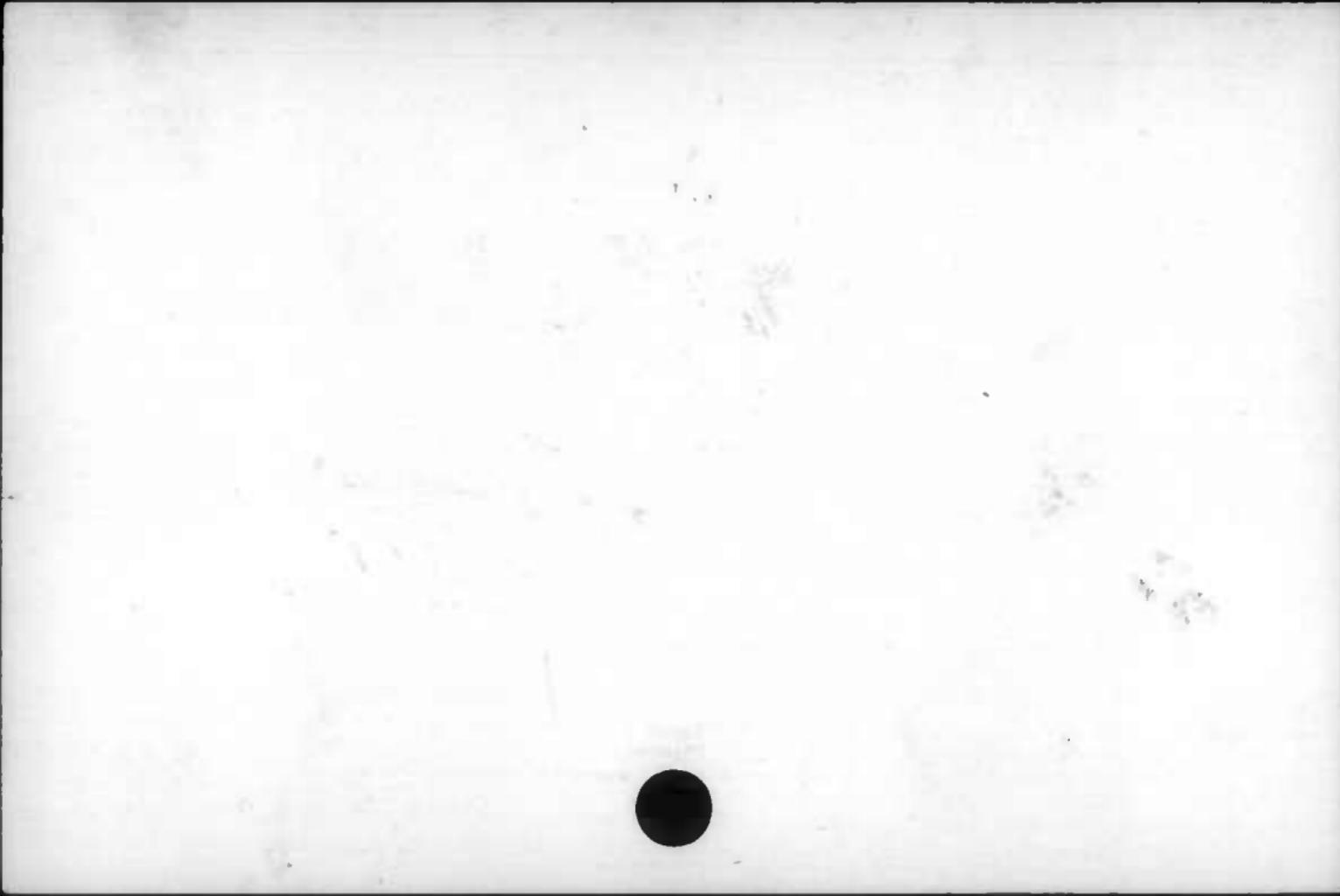
Signature of  
Physician

### Address

Dr. S. Doyne. M.D.  
Amherst. M.D.

### Accident or Suicide

OFFICE SUPPLY CO 2384



Name  
in  
Full

Sadie Irene Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at		County		MARYLAND	
near Stony Run		Anne Arundel			
Date of death 1930	Month April	Day 20	Years	Months	Days
Age	10				
Sex Female	Color or Race	Colored	Birth- place	Anne Md	
Occupation now	Where Residing if not at place of death Resided (place) death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Carroll				
Mother's Maiden Name	Mary Virginia Hammond				
Name of person giving Information	Mary Virginia Carroll				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Whooping Cough

8

How long

2 weeks

Immediate

Convolusions

How long

10 hour

Are the name, age, sex, color, date  
and place correctly given above?

yes

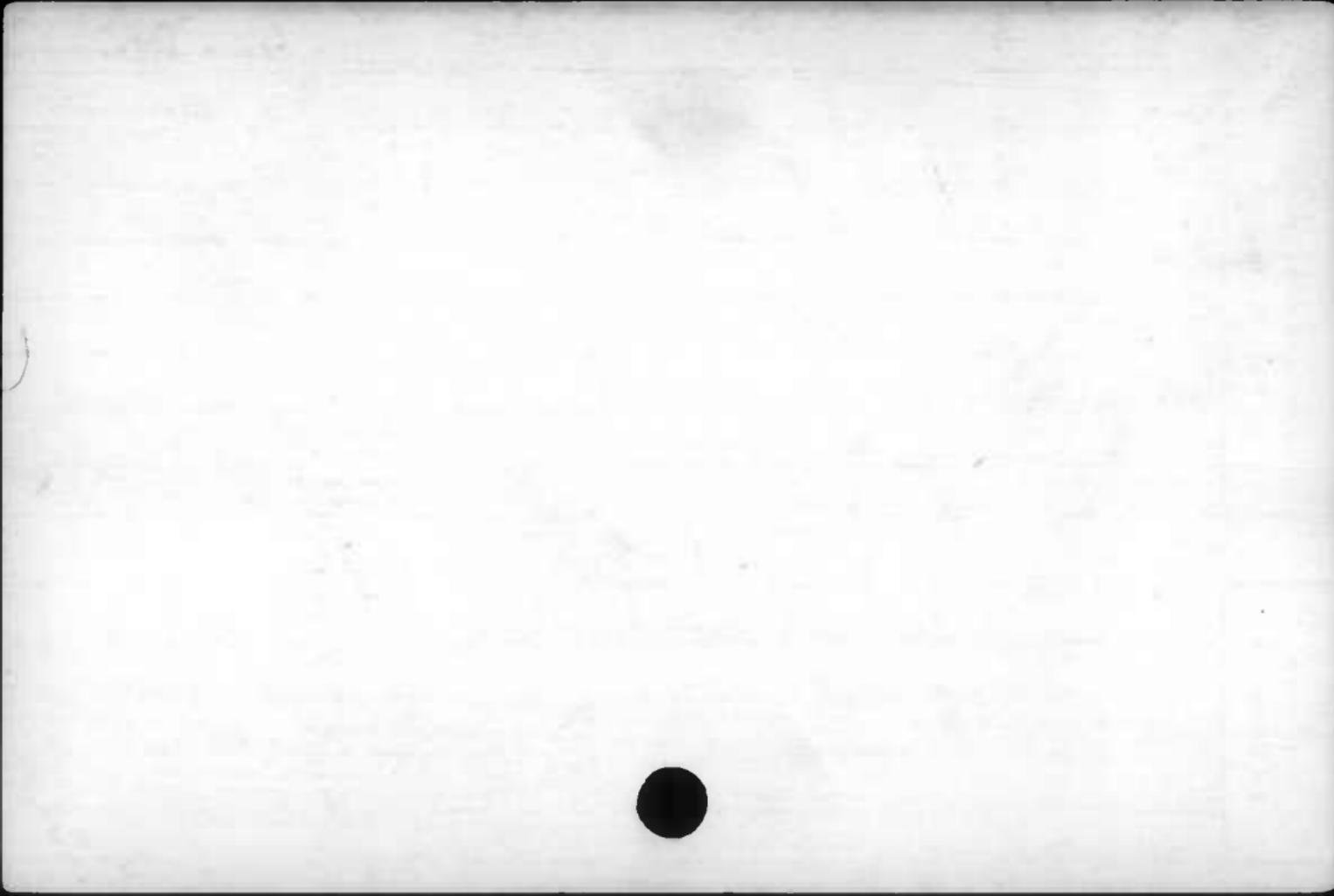
Signature of  
Physician

Terwinson MD

Address

Havre  
Md

Accident or Suicide



Name  
in  
Full

Addie Chase

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	Co	State	
Date of death	190	Month	Day	Years	Months
Sex	Female	Color or Race	Colored	Birth- place	Days
Occupation	School child	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Frank Chase			Father's Birthplace	Maryland
Mother's Maiden Name	Lillian Adams			Mother's Birthplace	Maryland
Name of person giving Information	Frank Chase			How related to deceased	Father

CAUSES OF DEATH

94

How long

How long

Primary

Pulmonary Congestion

7 days

Immediate

Dyspnoea

4 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

R. J. Hammond

Jesusup  
Md

Accident or Suicide?

No



Name  
In  
Full

Mary A Coyne

CERTIFICATE OF DEATH

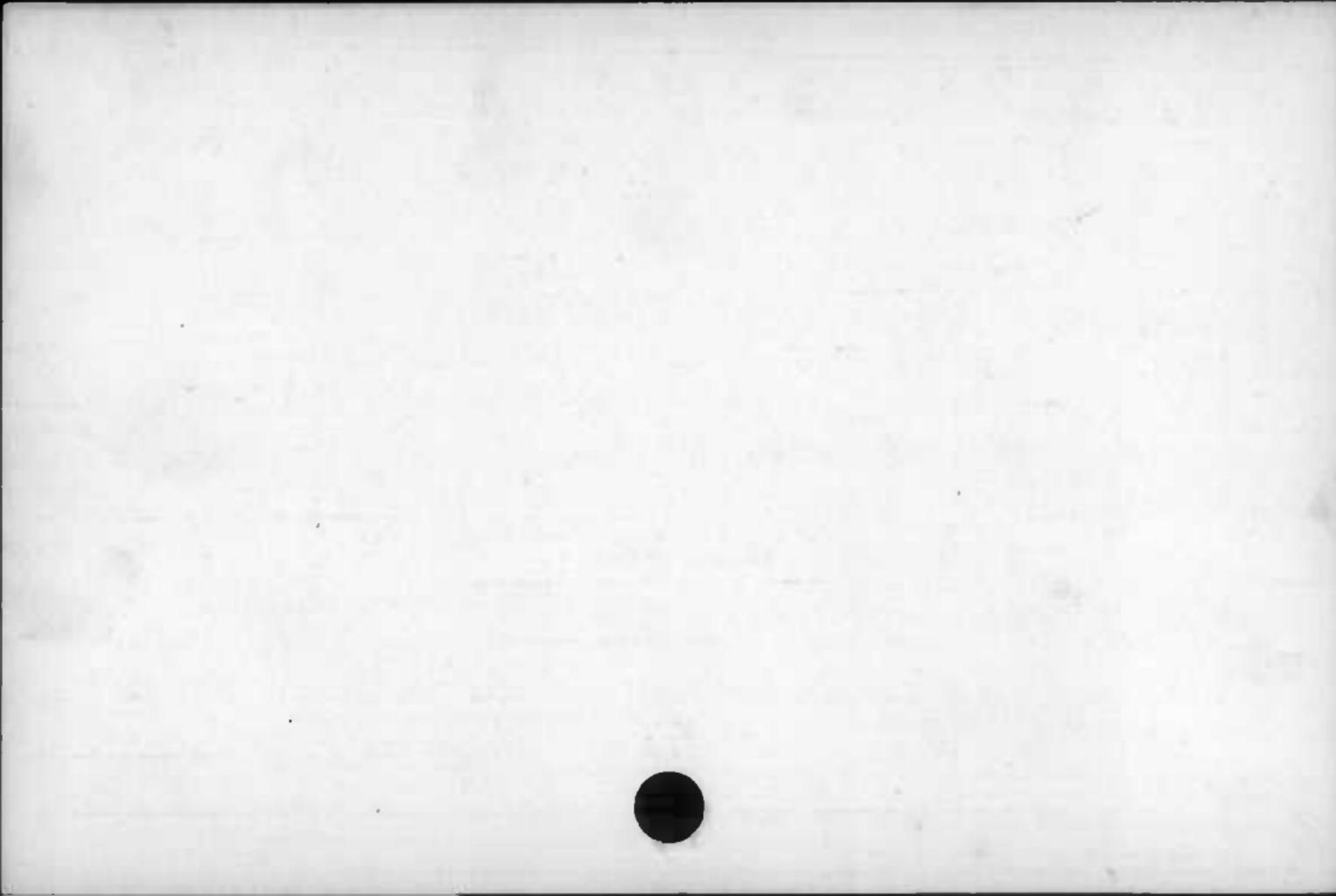
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1980	Month apr	Day 30	Age	57	Months	Days
Sex	Female	Color or Race	white		Birth-place	Md 19	
Occupation	None		Where Residing if not at place of death		Michael Coyne		
Married, Single or Widowed	Vidow	Name of Wife or Husband	Peter Murphy		Father's Birthplace	Don't know	
Father's Name	Peter Murphy		Mary Murphy		Mother's Birthplace	Don't know	
Mother's Maiden Name	Mary Murphy		Wm Coyne		How related to deceased	Son	
Name of person giving information					How long	(W)	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Locs jaw	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	Charles Brode Brooklyn	



Name  
in  
Full

George Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1900	Month	Day	Age	Years	Months
Sex	Male	Color or Race	30	black	9	Days
Occupation	Labourer	Where Residing if not at place of death				at place of death
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Unknown	Father's Birthplace				Unknown
Mother's Maiden Name	Unknown	Mother's Birthplace				Unknown
Name of person giving Information	George Colz	How related to deceased				Not at all

CAUSES OF DEATH

Primary

Tuberculosis

(27)

(28)

How long

6 mos

PHYSICIAN  
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

jb

J. D. Ryerly  
Dauro M.

Accident or Suicide

no



Name  
in  
Full

Howard Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Died at Annapolis		at. at.			
Date of death 1900 April	Month	Day	Age	Years	Month
2	2		2	2	2
Sex Male	Color or Race	Colored			
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband	None			
Father's Name William Davis	Father's Birthplace Annapolis, Md.				
Mother's Maiden Name Borbra Taylor	Mother's Birthplace A. A. Co. Md.				
Name of person giving Information Laura Howard	How related to deceased Grandmother				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bronchitis (capillary)

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

as far

as I am aware of.

Signature of Physician

F. H. Thompson

Address

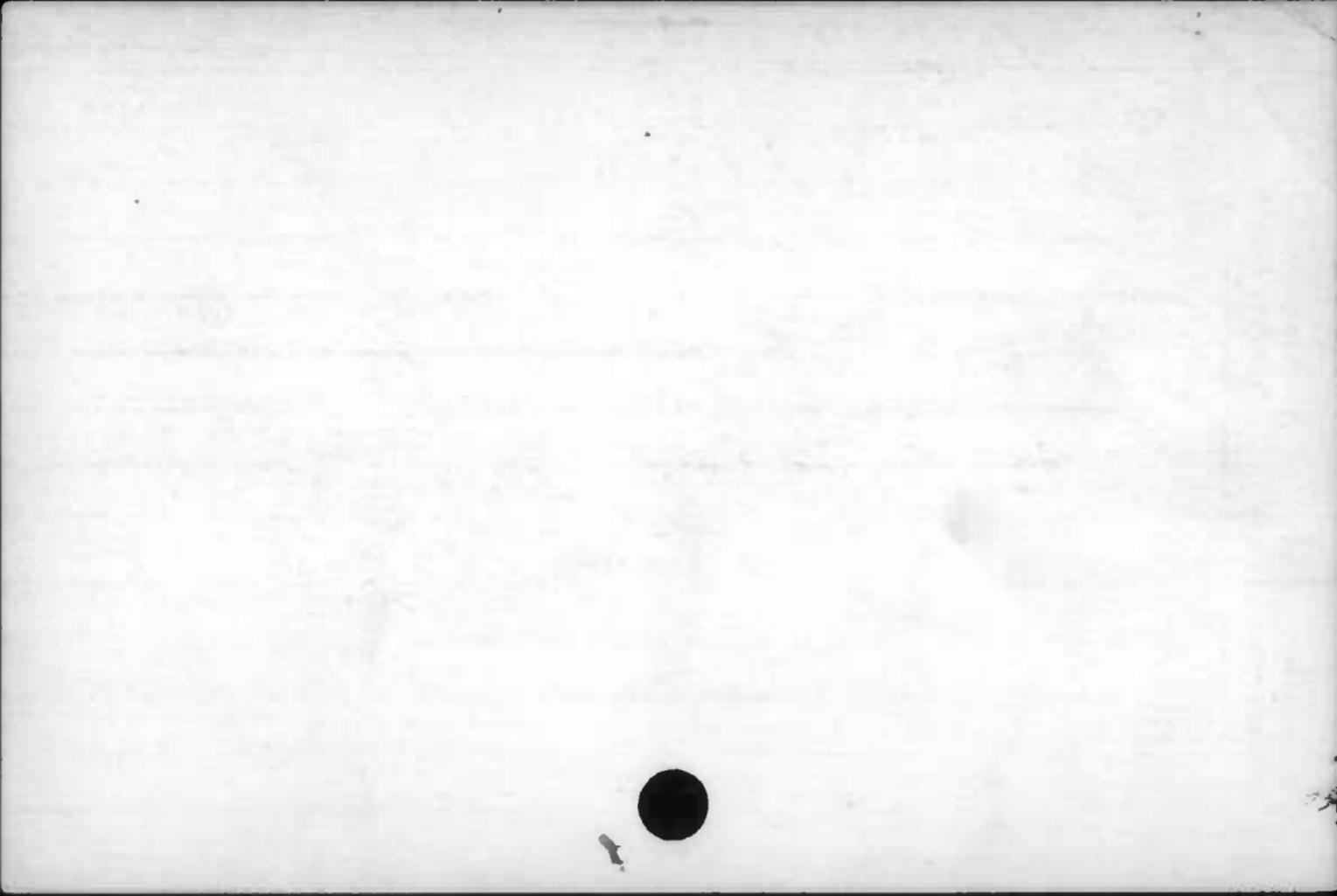
Annapolis, Md.

Accident or Suicide

84  
How long

12 days.

How long  
Few hours.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Edy Franklin Dixon

Town

Died at

Galloways

County

CERTIFICATE OF DEATH

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1960

April 15

Age 22

Sex

Female

Color or  
Race

White

Birth-  
place

A.O.C., Md

Occupation

Housewife

Where Residing if not  
at place of death

Galloways

Married, Single  
or Widowed

Married

Name of wife or  
Husband

John Duncan Dixon

Father's  
Name

Alexander Franklin

Father's  
Birthplace

A.O.C., Md

Mother's  
Maiden Name

Susie Paddy

Mother's  
Birthplace

Calvert, Md

Name of person giving  
Information

Walter O. Nutwell

How related  
to deceased

None

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

Don't Know

Immediate

Gradual Asthma

Week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

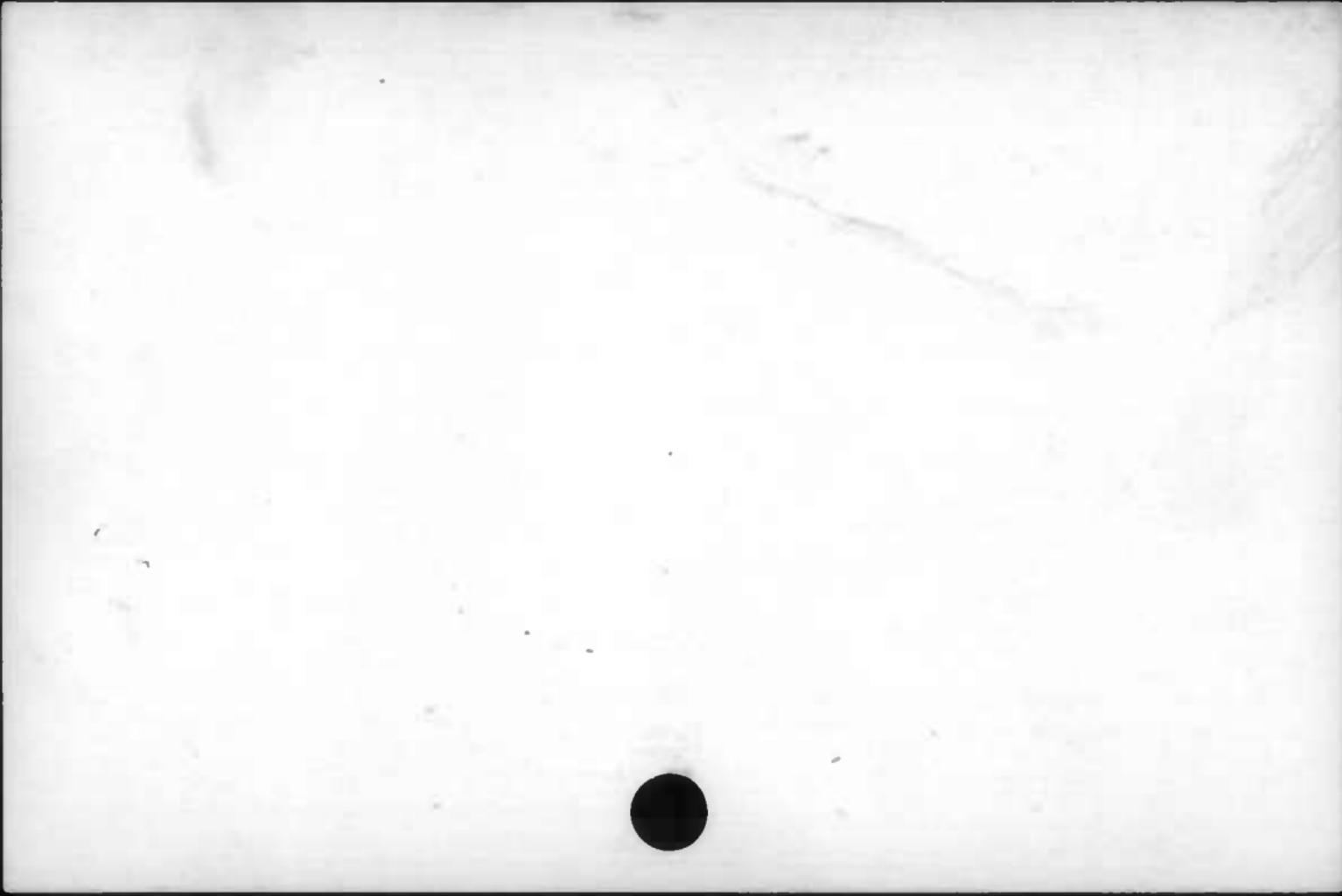
Signature of  
Physician

Quincy Caswood, M.D.

Address

Wash River  
Md

Accident or Suicide



Name  
in  
Full

Reese John Ducket  
Annapolis A.D.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Annapolis Town County A.D.  
Date of death 1901 Month April Day 15 Years Age Months 7 Daya  
Sex Male Color or Race Colored Birth-place Annapolis  
Occupation None Where Residing if not at place of death  
Married, Single, or Widowed None Name of Wife or Husband None  
Father's Name Reese Ducket Father's Birthplace Annapolis  
Mother's Maiden Name Martha Sims Mother's Birthplace Grindel  
Name of person giving Information Martha Sims How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Perthisis

⑧

✓

Immediate

Pneumonia & exhaustion

How long

Several weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

How long

Gradual

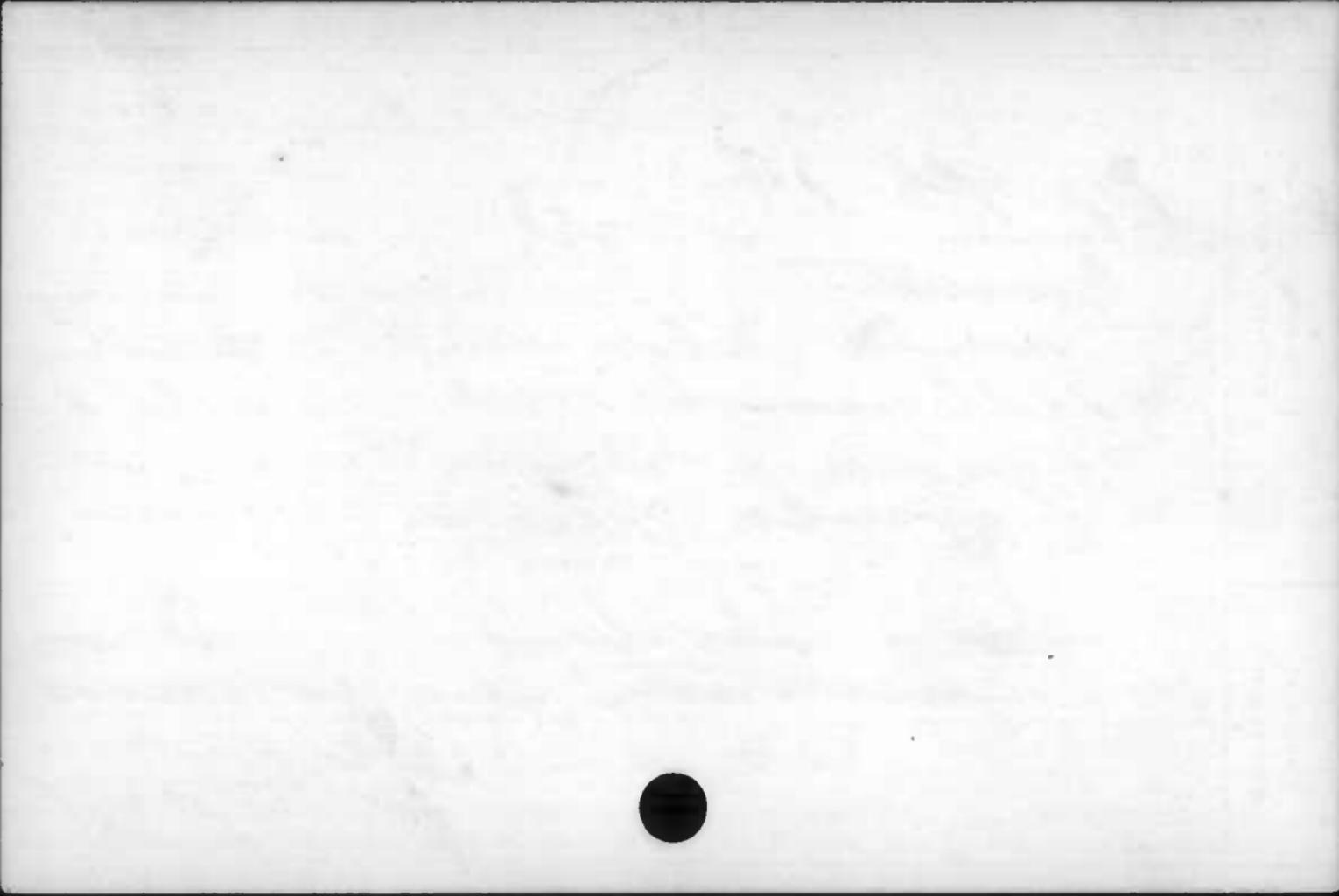
yes

Address

How long

John Ridgely  
Annapolis  
Md

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Sophia Duvall  
Town County  
Died at Camp Pawtuxent Annapolis MARYLAND  
Date of death Aug Month Day Years Months Days  
Sex Female Color or Race Birthplace A.A.C.  
Occupation Domestic Where Residing is not at place of death Camp Pawtuxent  
Married, Single or Widowed Married Name of Wife or Husband Samuel Duvall  
Father's Name William Jones A.A.C.  
Mother's Maiden Name Sophia Fogland  
Name of person giving Information Louise Wherry friend  
Information

CAUSES OF DEATH

Primary

Cerebral apoplexy

64

How long

Immediate

Chardon

How long

6 hours

Chardon

Are the name, age, sex, color, date and place correctly given above?

Yes

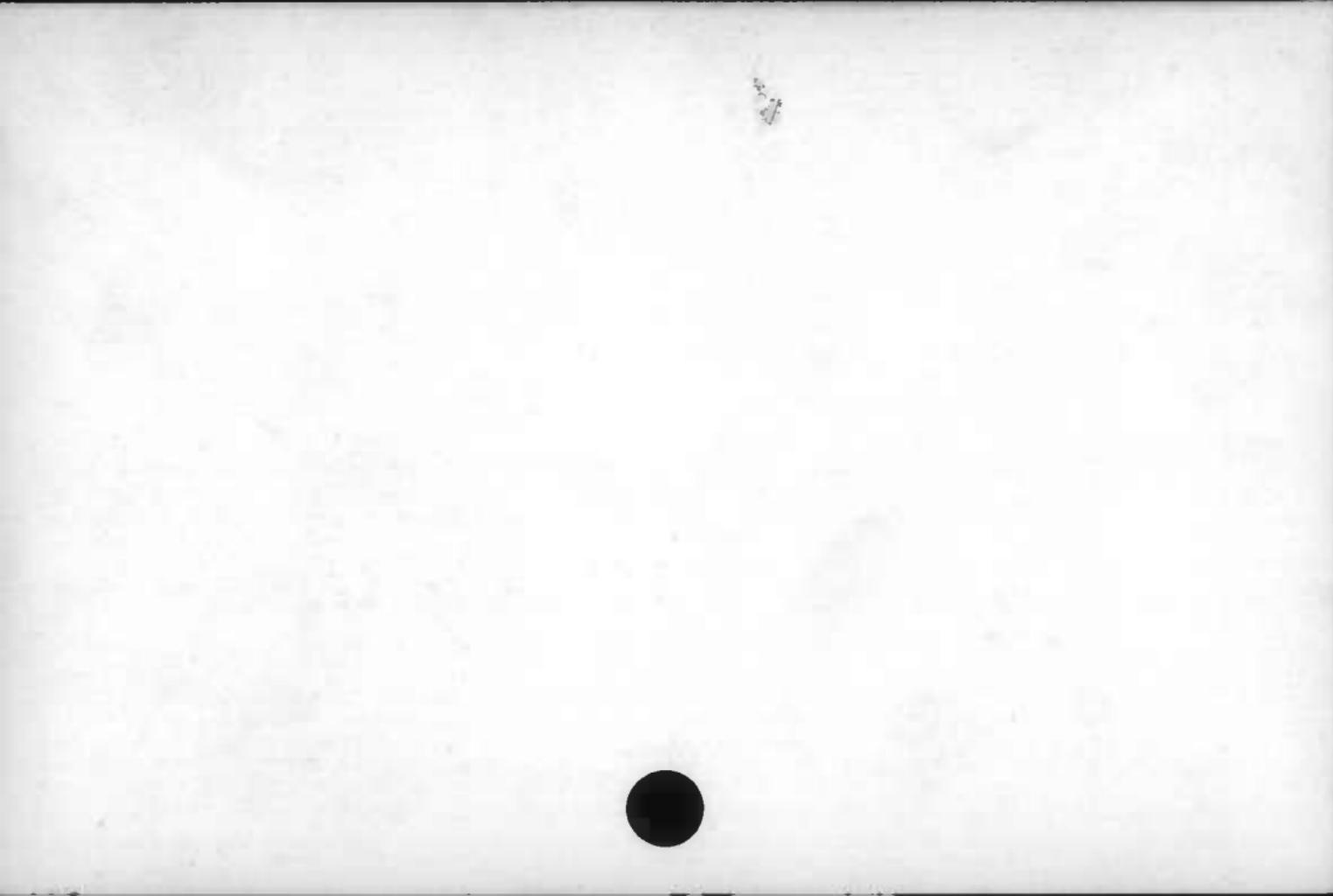
Signature of Physician

Address

P. P. Teller  
60 Calhoun St  
Annapolis

Accident or Suicide

220



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John G. Fischer

CERTIFICATE OF DEATH

MARYLAND

Died at Brooklyn County A A C Mo

Date of death 1900 Month April Day 10 Age 78 Years 5 Months 5 Days 4

Sex Male Color or Race White

Birth-place Germany

Occupation Retired Merchant Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband

Mary Fischer

Father's Name unknown

Father's Birthplace

Mother's Maiden Name unknown

Mother's Birthplace

Name of person giving Information John F. Stroh

How related to deceased

Grand Son

~~He~~

How long

175 ✓

How long

Primary

Crushed by a Electric Car

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date and place correctly given above?

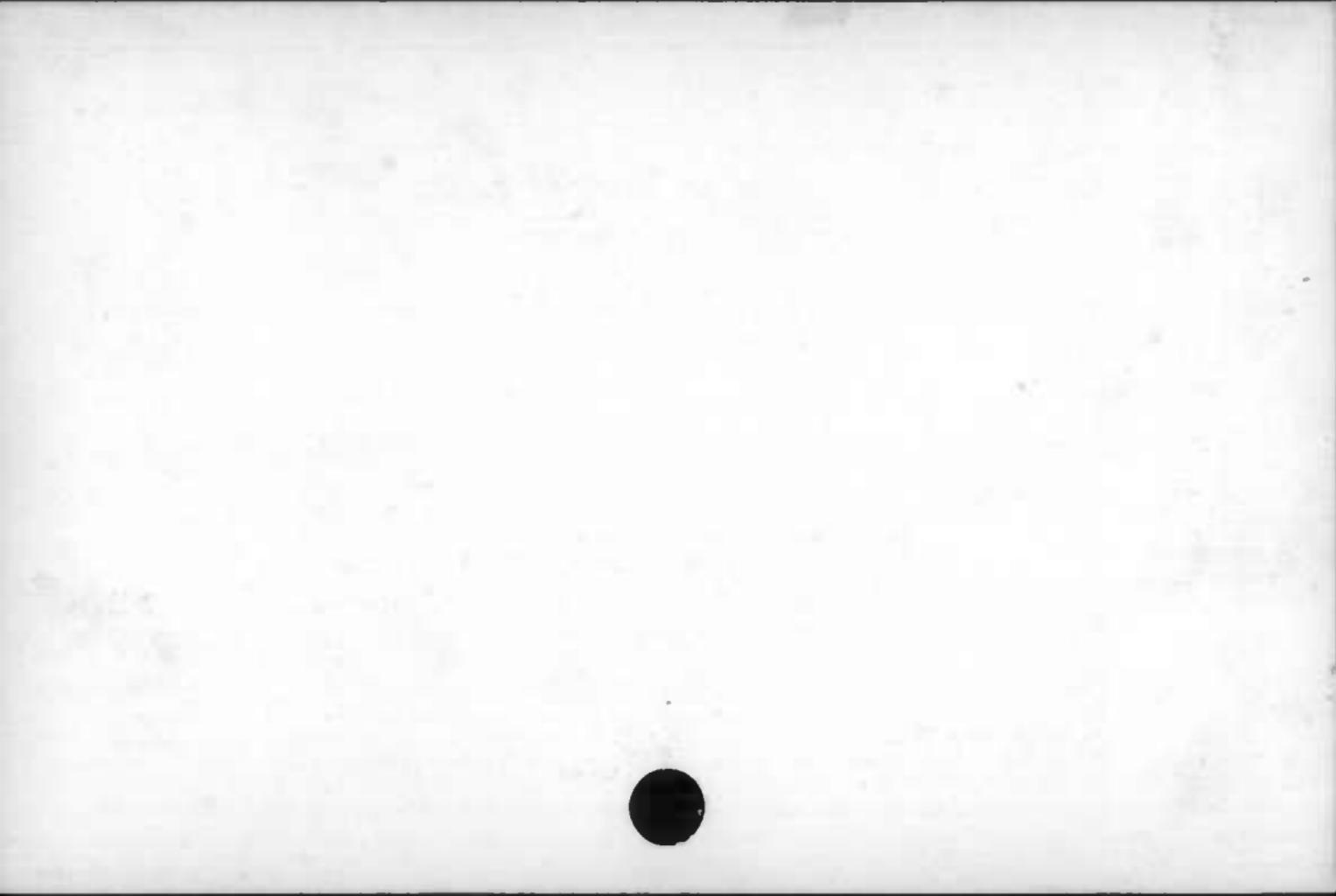
Yes

Signature of  
Physician

Address

John Storer Owner  
Brooklyn  
A A C Mo

Accident or Suicide



Name  
in  
Full

Daniel James Fountain

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Churchton	Anne Arundel			
Date of death	1940	Month April	Day 10th	Years Age about 69	Month	Day
Sex	male	Color or Race	Colored		Birth-place	Churchtown Somerset Co. Md
Occupation	Retired waterman			Where Reiding if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Eliza Ann Fountain			
Father's Name	unknown			Father's Birthplace	unknown	
Mother's Maiden Name	Benetta Fountain			Mother's Birthplace	unknown	
Name of person giving Information	Rachel Thompson			How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Old-Age - General Arterio Sclerosis,

How long 3 years +  
Initial Reputation

Immediate

Cardiac Cardiac Asthma -

How long 2 weeks -

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

T. P. W. Wilson MD

Churchton Md

Accident or Suicide



Name  
in  
Full

John B. Frayer  
Died at 50, Bally, W. Va.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Month	Day	County	MARYLAND	
Date of death 19	10	Apr	Age 49	Months	Days
Sex Male	Color or Race white	Birth-place	New York, N.Y.		
Occupation Laborer	Where Residing If not at place of death				
Married <u>Yes</u>	Name of Wife or Husband	Emaline Frayer			
Father's Name Peter Frayer	Father's Birthplace	New York			
Mother's Maiden Name Catherine Jones	Mother's Birthplace	New York			
Name of person giving Information Emaline Frayer	How related to deceased	Wife			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

Immediate

Heart Failure of 3 days  
of course

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

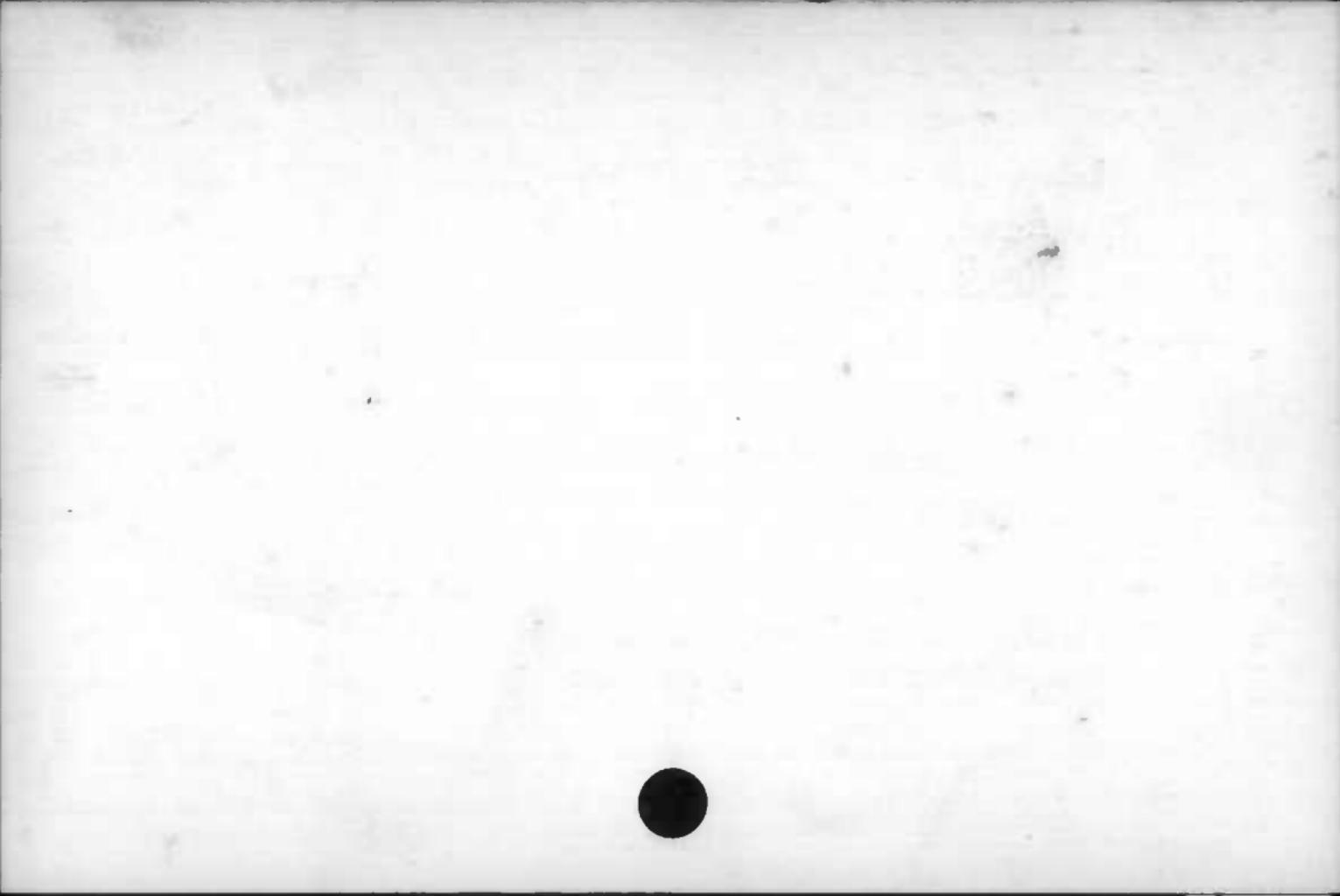
Address

93

How long

How long

of Suicide



Name  
in  
Full

August Freeswy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County  
Jesus House Florida Palm Beach MARYLAND

Died at Date of death 190 Died at Month Year Month Day Month Day  
10 Apr 5 6' 0' 6' 0' 6' 0'

Sex Male Color or Race white Birth-place Unknown

Occupation Unknown Where Residing if not at place of death Unknown

Married, Single or Widowed Unknown Name of Wife or Husband Unknown

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Unknown How related to deceased Not at all

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Unknown -

Immediate

Dropped Dead on Entrance

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

T. W. Ryely  
Dawson M.D.

Accident or Suicide

No

188

How long

How long



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1916	Month	Day	Years	Month	Day
Sax	female	Color or Race	Age	49	Birthplace	
Occupation	House - work		Whare Residing if not at place of death		at Maryland House	
Married, Single or Widowed	Married	Name of Wife - Husband	John & Mary		Eudora May	
Father's Name	John Thomas				Eudora May	
Mother's Maiden Name	Tina - Hubner				Eudora May	
Name of person giving Information	John B. Gray				Hubner	

PHYSICIAN  
OR CORONER

Primary

Cardiac failure

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

21

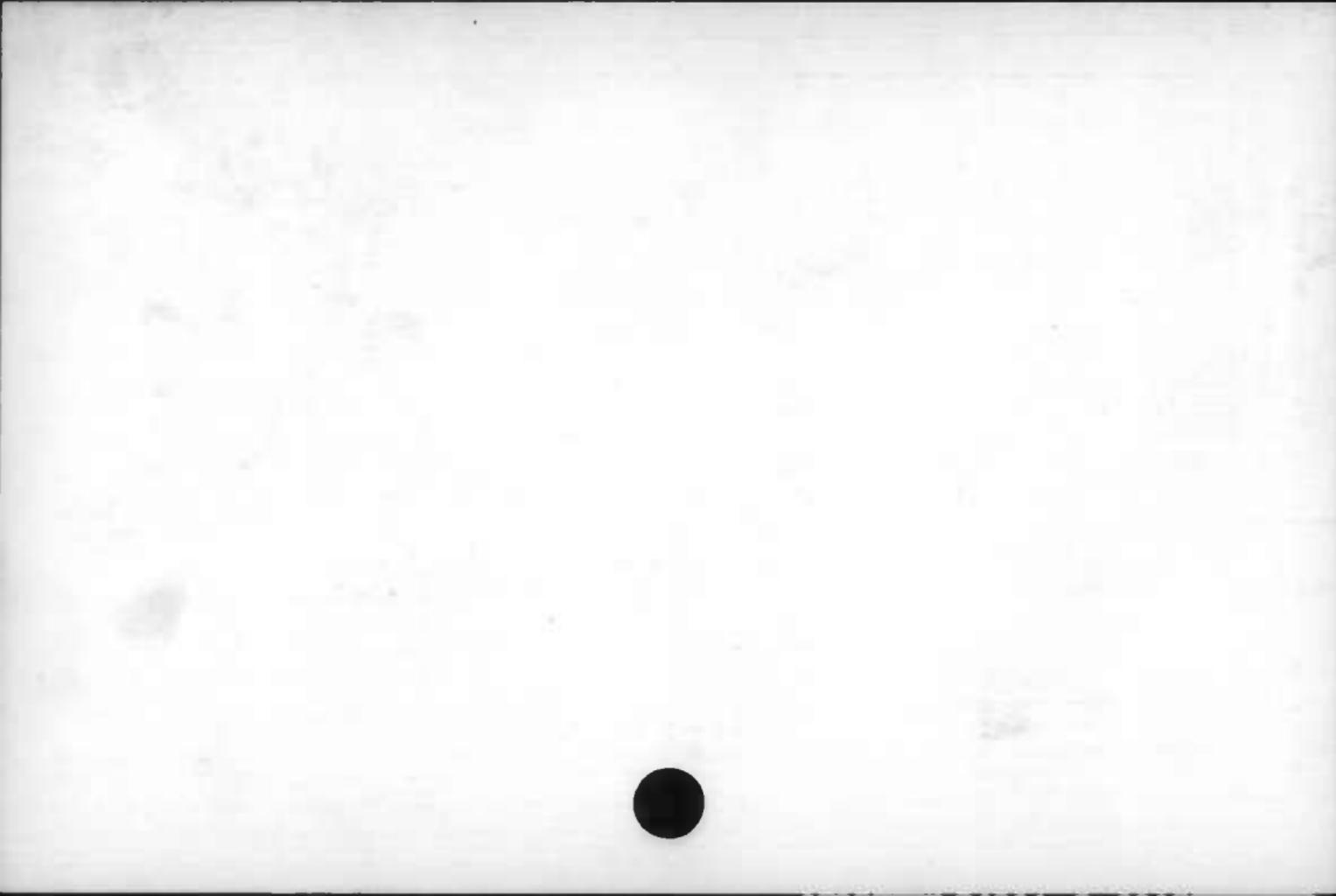


188

How long

How long

Distinctly  
T. W. Gray  
Laurel Md



Name  
in  
Full

Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Annapolis

County

Att

Date  
of death

Month

Day

Years

1960 April 7<sup>th</sup>

Age

Months

Days

Sex

Female

Color or  
Race

col

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Moses Gross

Father's  
Birthplace

Att bo.

Mother's  
Maiden Name

Blanche Murray

Mother's  
Birthplace

Att bo.

Name of person giving  
Information

Father

How related  
to deceased

Primary

CAUSES OF DEATH

Still-born

8

✓

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

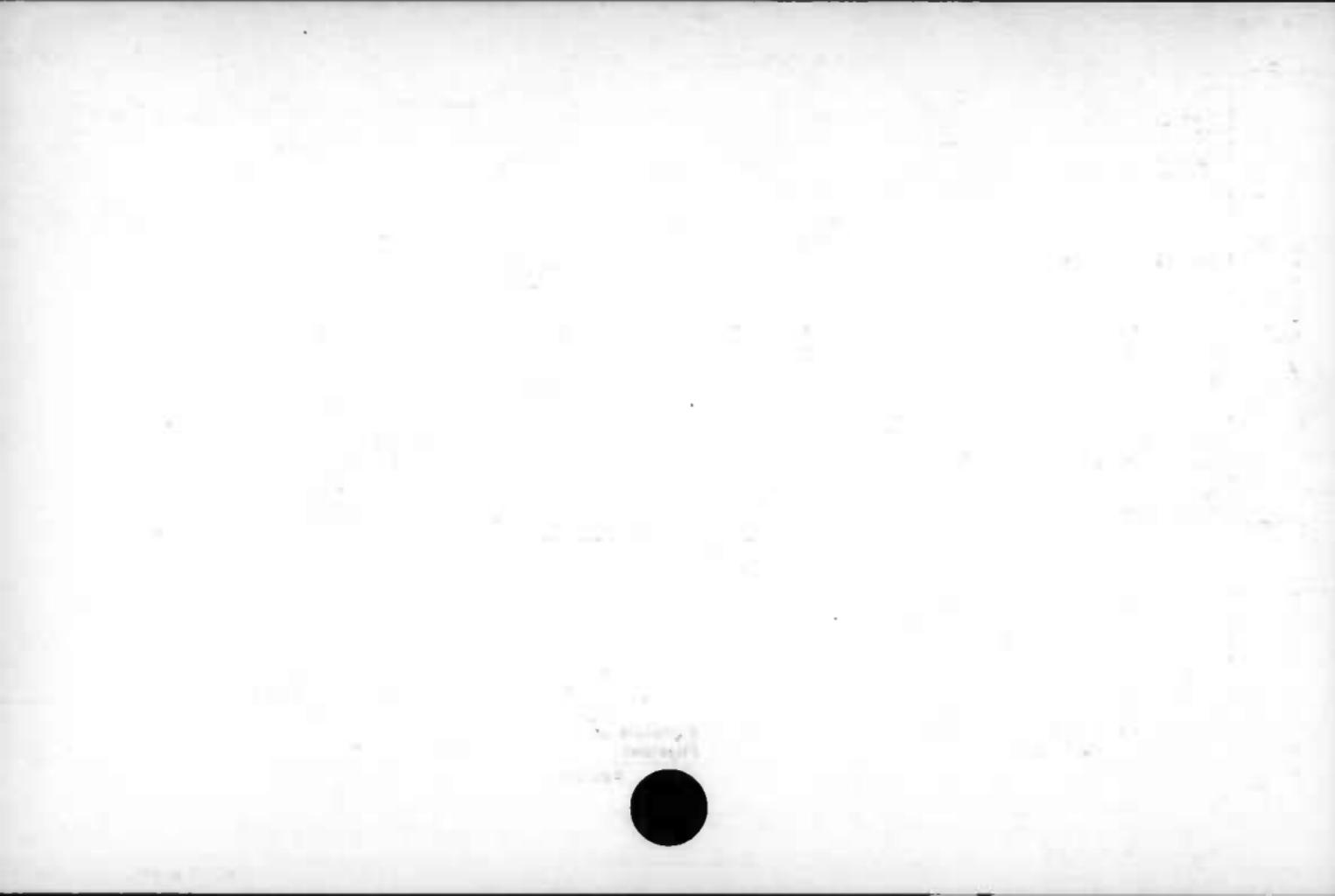
yes

Address

John Ridout M.D.  
Annapolis  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Alice Gross  
Town: Annapolis County: Anne Arundel  
Died at: MARYLAND  
Date of death: 190 Month: April Day: 28 Age: 40 Years: Months: Days:  
Sex: Female Color or Race: Colored Birth place: Calvert Co., Md.  
Occupation: Domestic Where Residing if not at place of death: 68 Washington  
Married, Single or Widowed: Widowed Name of Wife or Husband: Thomas H. Gross  
Father's Name: John Johnson Father's Birthplace: Calvert Co., Md.  
Mother's Maiden Name: Louise Harris Mother's Birthplace: " "  
Name of person giving Information: Maggie Johnson How related to deceased: Sister  
119

CAUSES OF DEATH

Primary: Nephritis

Immediate: Nephritis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide

CERTIFICATE OF DEATH

Several weeks  
Heart Failure gradual  
John Redontal  
Annapolis  
Md



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Frank Hall

Town

Mt. Harmony

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Date  
of death

1900

Month

4

Day

27

Years

84

Age

Month

Days

Color or  
Race

colored

Birth-  
place

Calvert Co Md

Sex

Male

Occupation

Labours

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Sarah E Hall

Father's  
Name

Lawen Hall

Father's  
Birthplace

Calvert Co

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Hoover & Hall

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia

93

(92)

How long

Four days

Immediate

Heart Exhaustion

How long

several hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. L. Brayshaw  
Friendship  
Md

Accident or Suicide



Name  
In  
Full

Hazel Lloyd Coraella Hammond

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

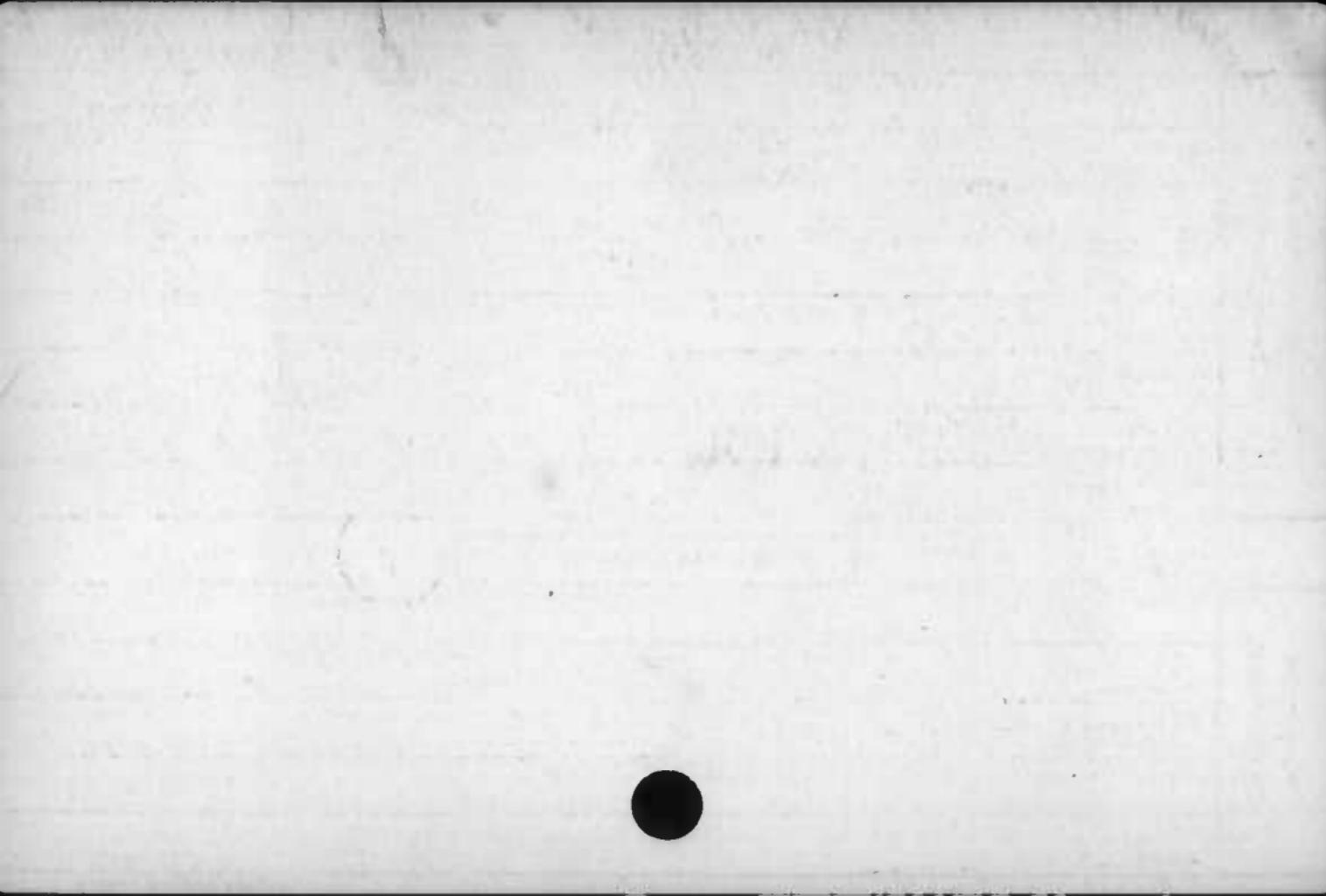
Died	Town	Anne Arundel		MARYLAND		
Date of death 1960	Month April	Day 16	Years	Months 9	Days	
Sex Female	Color or Race Colored			Birth- place Anne Arundel Co Md		
Occupation none	Where Residing if not at place of death Resided near Glenburnie died near Slaney Run					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Andrew Hammond				Father's Birthplace Anne Arundel Co Md		
Mother's Maiden Name Hattie Elizabeth Scott				Mother's Birthplace Anne Arundel Co Md		
Name of person giving Information Hattie Elizabeth Hammond				How related to deceased Mother		

CAUSES OF DEATH

Primary	Whooping Cough	8	✓
Immediate	Exhaustion		How long 10 days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician C R Anderson MD
	Address Hanover Md
Accident or Suicide?	



Name  
in  
Full

Louys B. Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Month	Day	Age	Years	Months
Date of death 190	Apr	15	Age	17	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation	Male colored				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John W. Harris				
Mother's Maiden Name	Tyllie Brown				
Name of person giving Information	Lulla Harris				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Accidental Drowning

Immediate

Drowning

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

1701

How long

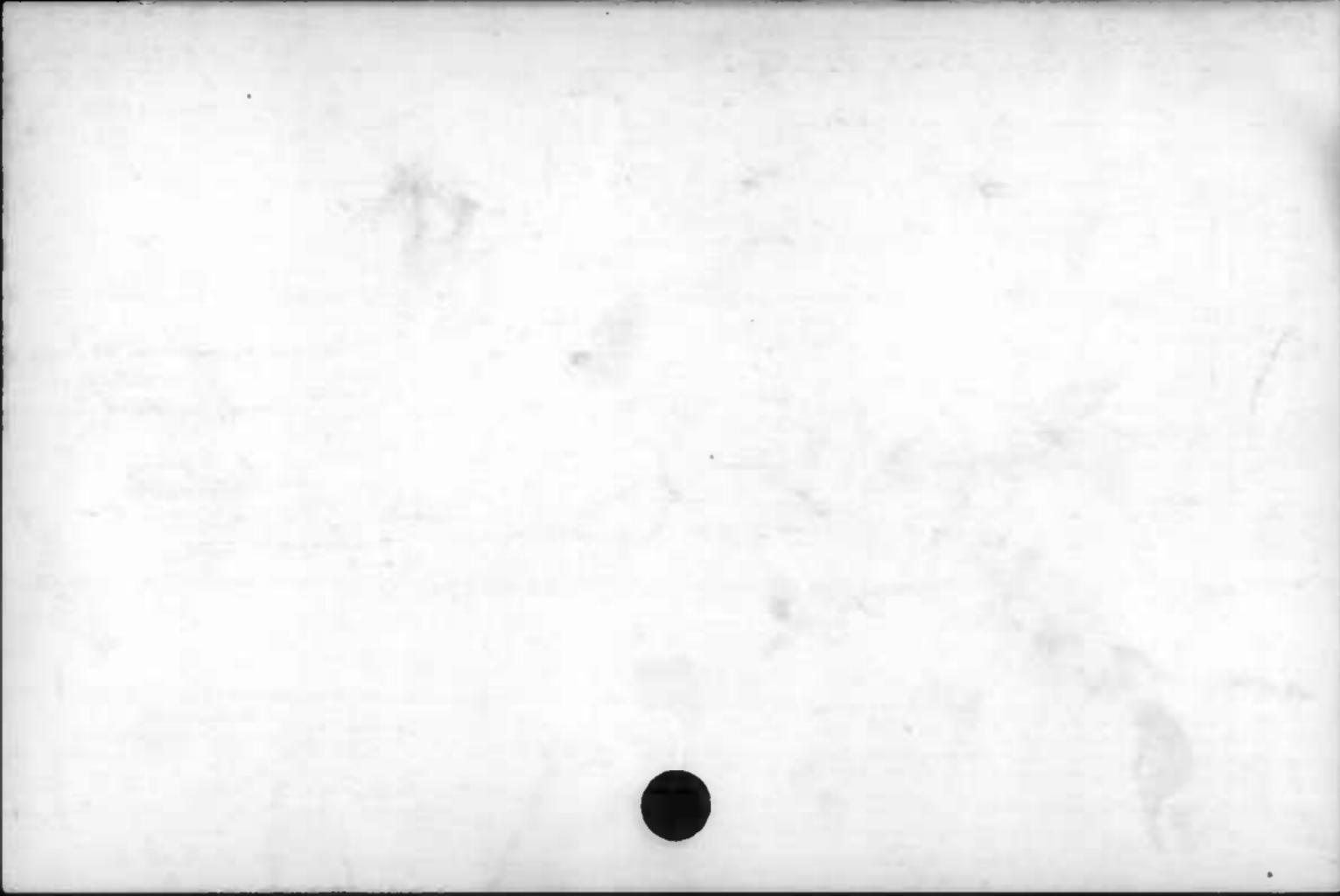
How long

Immediate

Immediate

Accident or Suicide

Accident



Name  
in  
Full

William Harrod -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Millerstown

Town - Millerstown  
County Anne Arundel

MARYLAND

Date of death 1910

Month 4

Day 28

Years 8

Months

Days

Sex Male -

Color or Race

Black.

Birth-place

Maryland

Occupation

None -

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name Unknown -

Father's Birthplace

Mother's  
Maiden Name

Bessie Harrod -

Unknown

Name of person giving  
Information Walker Munn

Mother's Birthplace

Maryland

How related  
to deceased

Relative -

138

CAUSES OF DEATH

Primary 6 Exposure -

How long

Immediate Verdict Coroners Jury -

How long

Are the name, age, sex, color, date  
and place correctly given above?

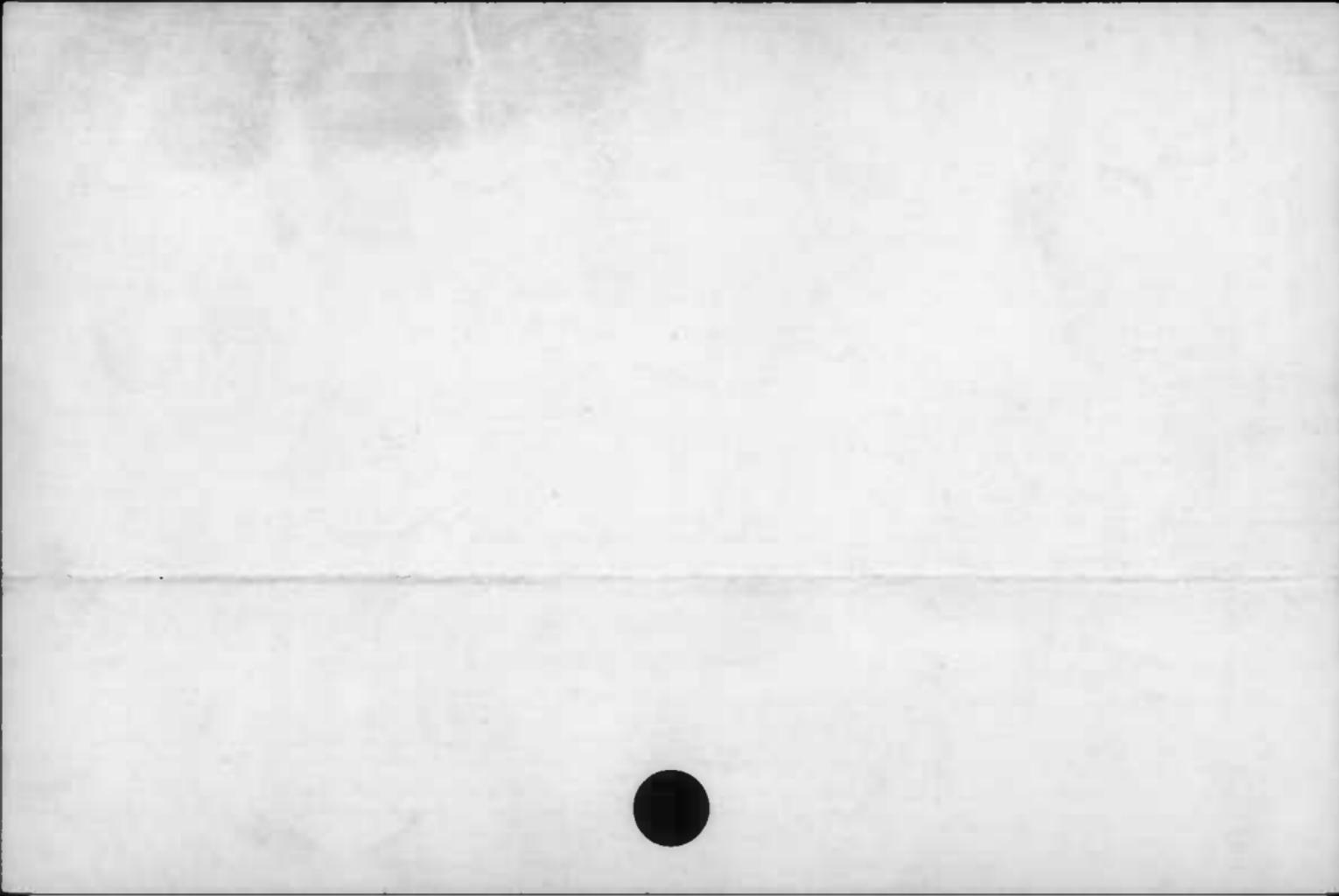
Signature of  
Physician

Dodge

Address

Millerstown Md Justice of the Peace  
Dodge as Coroner for State of Maryland

Accident or Suicide



Name  
in  
Full

Sarah Harwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at South River Town Anne Arundel County MARYLAND  
Date of death 1960 Month April Day 9 Years 87 Months  Days   
Sex Female Color or Race White Birthplace Unknown  
Occupation Housewife Where Residing if not at place of death  
Married, Single or Widowed Widow Name of Wife or Husband Benjamin Harwood  
Father's Name John Dexton Father's Birthplace Unknown  
Mother's Maiden Name Unknown Mother's Birthplace Unknown  
Name of person giving Information John York How related to deceased Nephew

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Old age

(10) ✓

How long

Immediate

La-Grippe

How long

12 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Collinson  
South River

Md.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Geogia Hopkins

CERTIFICATE OF DEATH

Died at Shidmore Town A.D. County

MARYLAND

Date Died Month Day

of death 1908 Apr 29

Years

Montha

Days

Age 28

Sex Female Color or Race

Birth-  
place

A.A.Co. Md.

Occupation House Wife

Where Residing if not  
at place of death

Married, Single  
or Widowed Married Name of Wife or  
Husband

John Hopkins

Father's  
Birthplace

La. A. Co. Md.

Father's  
Name Arthur Socin

Mother's  
Birthplace

A.A.Co. Md.

Mother's  
Maiden Name Lizzie Carr

How related  
to deceased

Neighbor

Name of person giving  
Information Horatio Colbert

CAUSES OF DEATH

(137)

✓

How long

Primary Cronic Peritonitis (Perforated) 4 months

How long

Immediate Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Z. D. Ridout

Annapolis Md.

1-2-3-901

Accident or Suicide

York town,

Name  
in  
Full

Edna Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Harmons

Town

County

Anne Arundel

MARYLAND

Date  
of death 190

Month 4

Day 13

Years 2

Months 1

Days 8

Age

Sex Female

Color or  
Race

Colored

Birth-  
place

Maryland

Occupation

Infant

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Arthur Johnson

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Estella Spriggs

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Arthur Johnson

How related  
to deceased

Father

CAUSES OF DEATH

92

✓

Primary

Bronchial Pneumonia

How long

10 days

Immediate

Exhaustion

How long

6 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

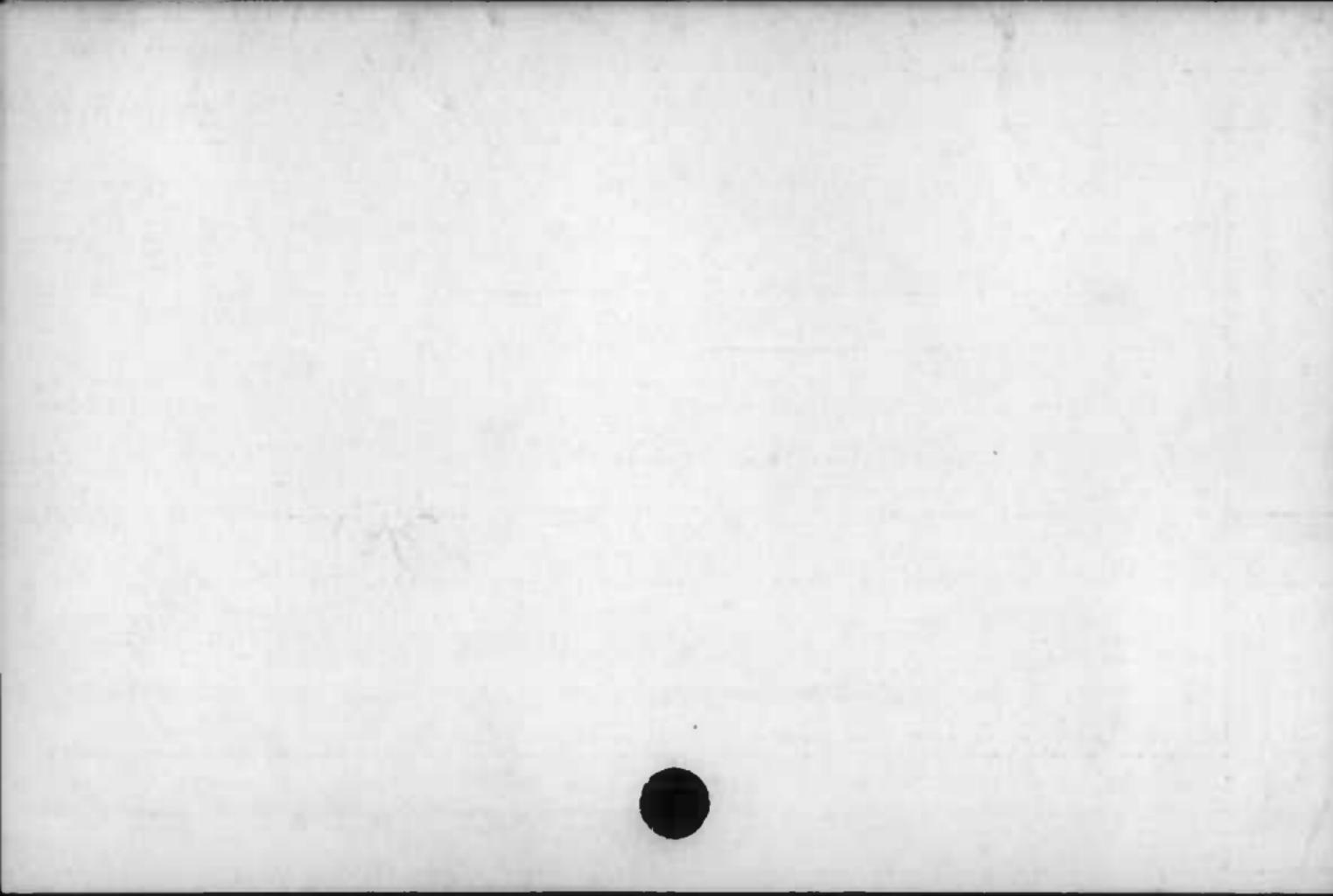
Address

R. Hammond

Jessup Md

Accident or Suicide?

No



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Eve Johnson

CERTIFICATE OF DEATH

Died at Annapolis  
Town

County  
D. of

MARYLAND

Date  
of death 1960 Month  
Apr Day  
2

Age  
18

Months  
Days

Sex Female  
Occupation

Color or  
Race

Colored

Birth-  
place Annapolis

House girl

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Birthplace

Father's  
Name Frank Johnson

Unknown

Mother's  
Maiden Name

Louise Helfand

Mother's  
Birthplace

A. A. Co. Va

Name of person giving  
Information

Tom Lee

How related  
to deceased

Uncle

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

28

How long

Immediate

Hemorrhage

Hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

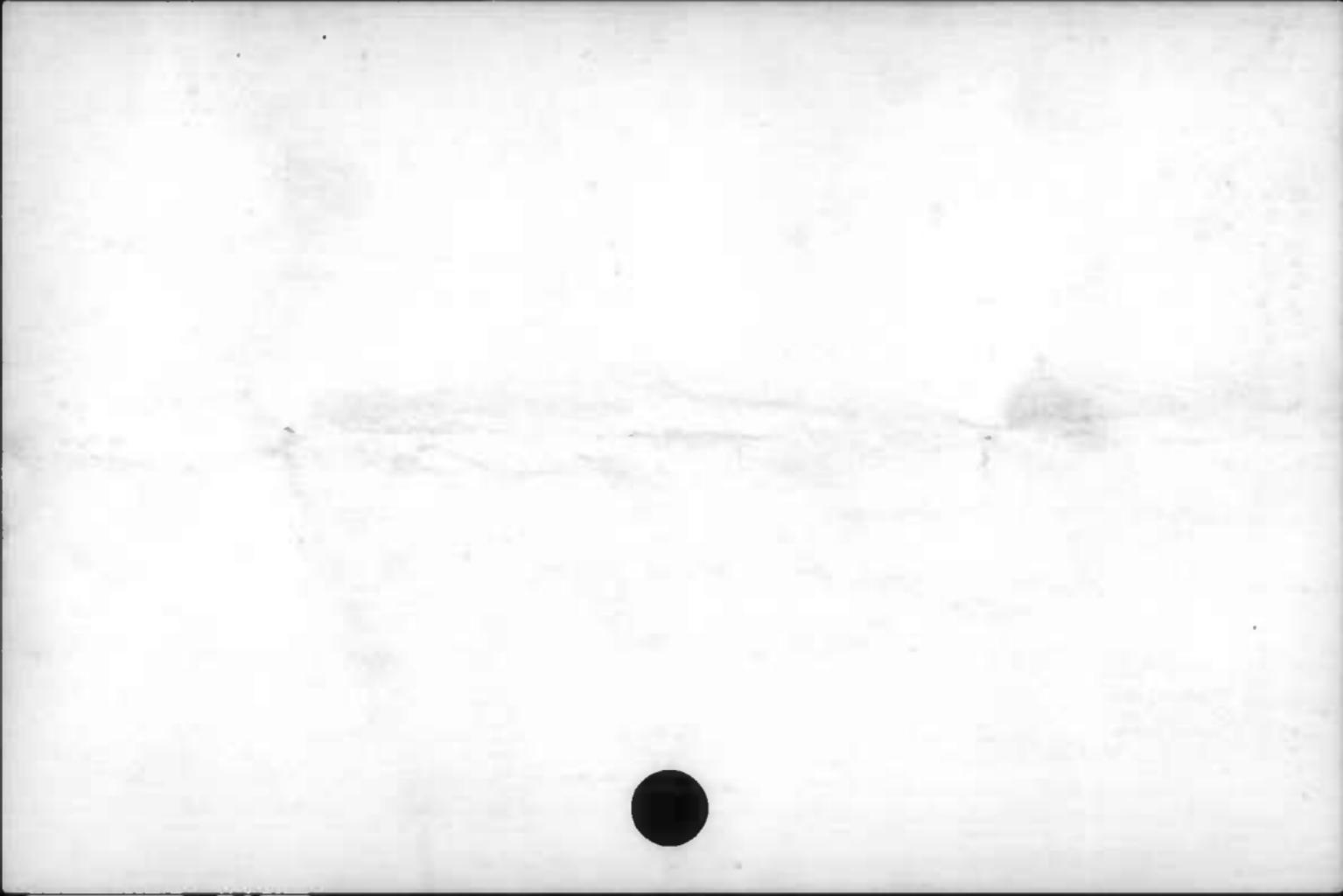
Signature of  
Physician

Address

P. O. Box  
Annapolis

Accident or Suicide

no



Name  
in  
Full

Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Annapolis Town County  
Date of death 190 Month April Day 17 Years 80  
Months  Days

Sex Male Color or Race bol  
Occupation

Birth-place

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Henry Mowbray

Father's  
Birthplace

Mother's  
Maiden Name

Evelyn Johnson

Mother's  
Birthplace

Name of person giving  
Information

Mary Brown

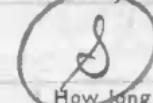
How related  
to deceased

Annapolis  
Annapolis  
Grandmother

CAUSES OF DEATH

Primary

Still-born



How long

How long

PHYSICIAN  
OR CORONER

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

John Ridoptell  
Annapolis  
Md

Accident or Suicide

100

Name  
in  
Full

Pelagia Knock

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at East Brooklyn - a. a. - MARYLAND  
Town County

Date of death 1910 apr 27 Month Day Age 1 Years Months Days

Female

Color or  
Race

white

Months 6 - Days 0

Occupation

Where Residing if not  
at place of death

Birth-  
place East Brooklyn, N.Y.

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

John Knock

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Mary Gertovessky

Mother's  
Birthplace

Name of person giving  
Information

John Knock

now related  
to deceased

93 " Father

CAUSES OF DEATH

Primary

Pneumonia

How long

9 day

Immediate

Heart Failure

How long

at once

Are the name, age, sex, color, date  
and place correctly given above?

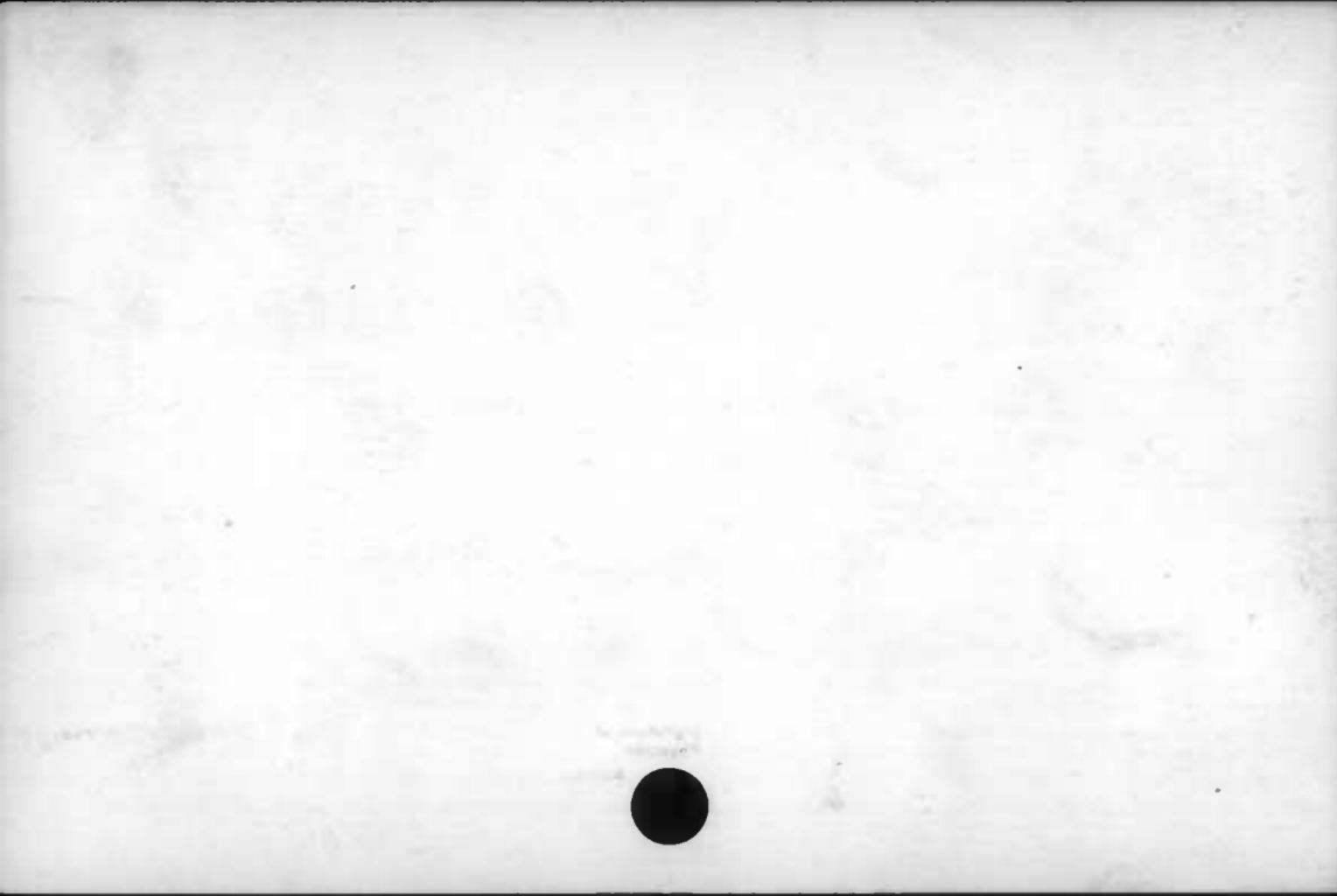
yes

Signature of  
Physician

Address

Tho. B. Norton, M.D.  
Do. Batty, M.D.

Accident Suicide



Name  
in  
Full

George Manns.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town		County			
Died at <u>near Maynards</u>		<u>Anne Arundel Co</u>		<u>MARYLAND</u>	
Date of death <u>1900</u>	Month <u>April</u>	Day <u>9</u>	Years	Month <u>1</u>	Days <u>17</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Anne Arundel Co</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>William Jacobs</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Grace Manns</u>	Mother's Birthplace <u>Anne Arundel Co</u>				
Name of person giving Information <u>Hes. Manns</u>	How related to deceased <u>Grandfather</u>				

CAUSES OF DEATH

151

V

How long

Since Birth

How long

Immediately

Primary

Congenital Deficiency

Immediate

Heart Enlargement

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

James S. Billingsley MD

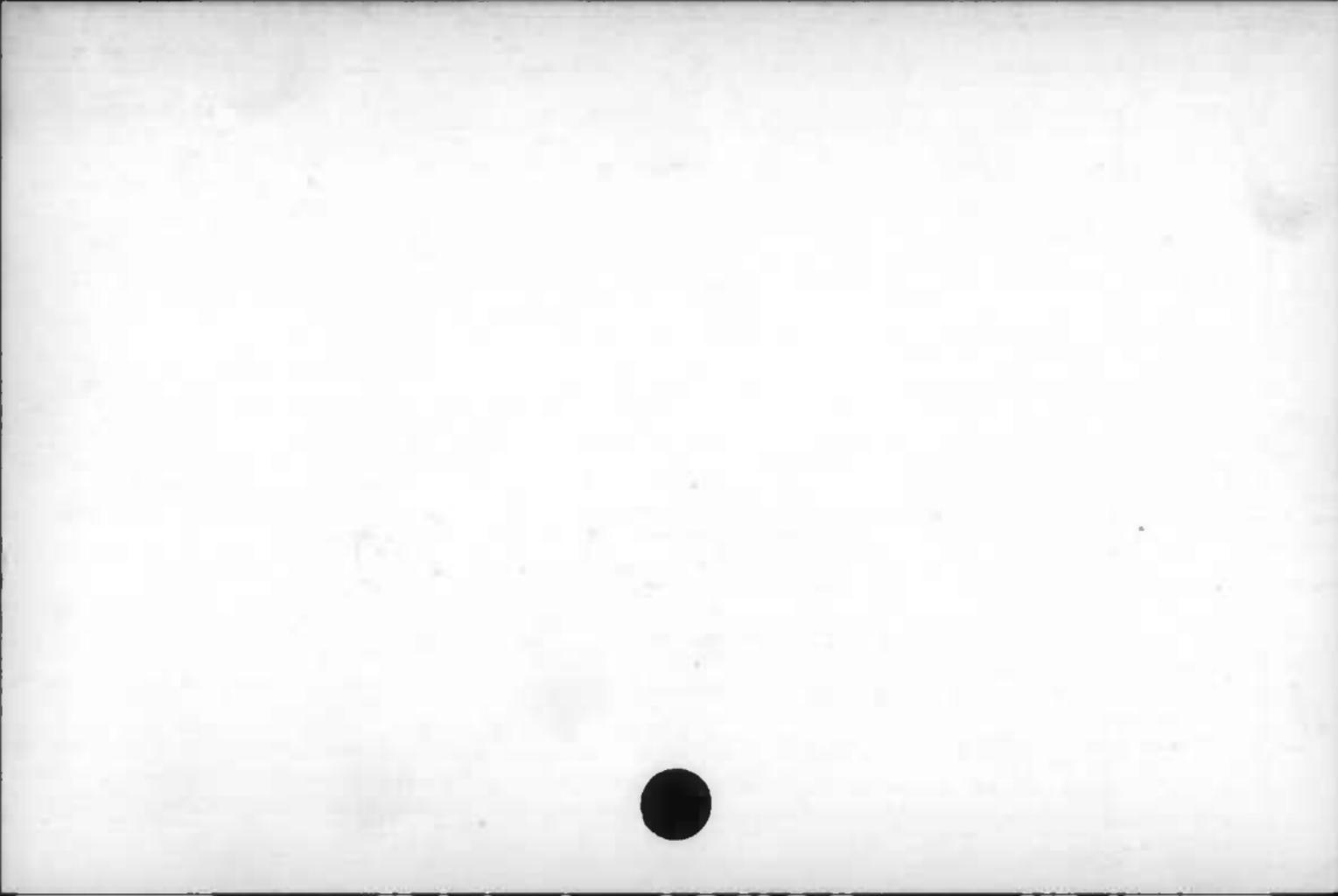
Address

Sub registrar 3<sup>rd</sup> dist

Accident or Suicide 9

No

A. A. Co. Md



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

John Matthews						CERTIFICATE OF DEATH	
Died at Parole		W. A. Co.				MARYLAND	
Date of death 190	Month April	Day 23	Age 52 yrs	Years	Months	Days	
Sex Male	Color or Race Col	Birth-place 8th Dis a.c.s					
Occupation Standard		Where Residing if not at place of death		Parole A.C.S.			
Married, Single or Widowed	married	Name of Wife or Husband					
Father's Name	Charles L. Matthews		Father's Birthplace	8th Dis a.c.s			
Mother's Maiden Name	Missouri Thompson		Mother's Birthplace	A.A.C.S			
Name of person giving Information	Ulysses Matthews		How related to deceased	Brother			

CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary

Pulmonary tuberculosis

How long

5 weeks

Immediate

Cardiac Failure

Overhr.

Are the name, age, sex, color, date and place correctly given above?

Yes

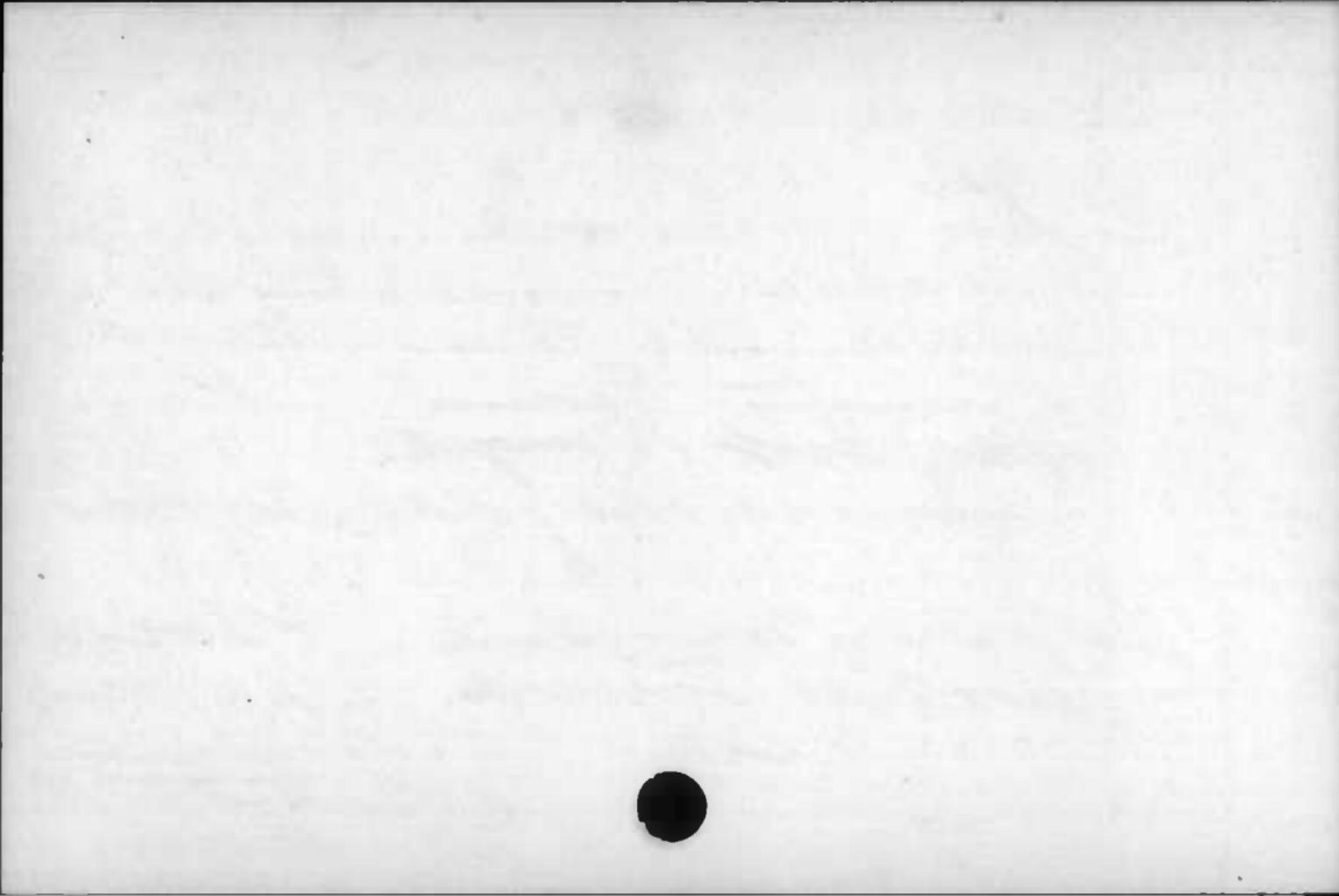
Signature of Physician

Address

P. P. Reeser  
2900 Market St.  
Philadelphia

Accident or Suicide?

No



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Marsha Elsie Maynard CERTIFICATE OF DEATH  
Town Ann Arbor County Ann Arbor MARYLAND  
Died at Date of death 19 Month Day Years Months Dey  
1908 Apr 13 58  
Sex Female Color or Race Colored Birthplace J.A.Co.<sup>th</sup>  
Occupation Domestic Where Residing if not at place of death 163 E. Glebe St.  
Married, Single or Widowed Widowed Name of Wife Husband Henry Maynard  
Father's Name Dennis Oregon Father's Birthplace MI  
Mother's Maiden Name Margaret Burgess Mother's Birthplace MI  
Name of person giving Information Louise Maynard Daughter How related to deceased  
Information

Primary

Lobar Pneumonia

Immediate

Cardiac Failure

Are the name, age, sex, color, date and place correctly given above?

pls

Signature of  
Physician

Address

93

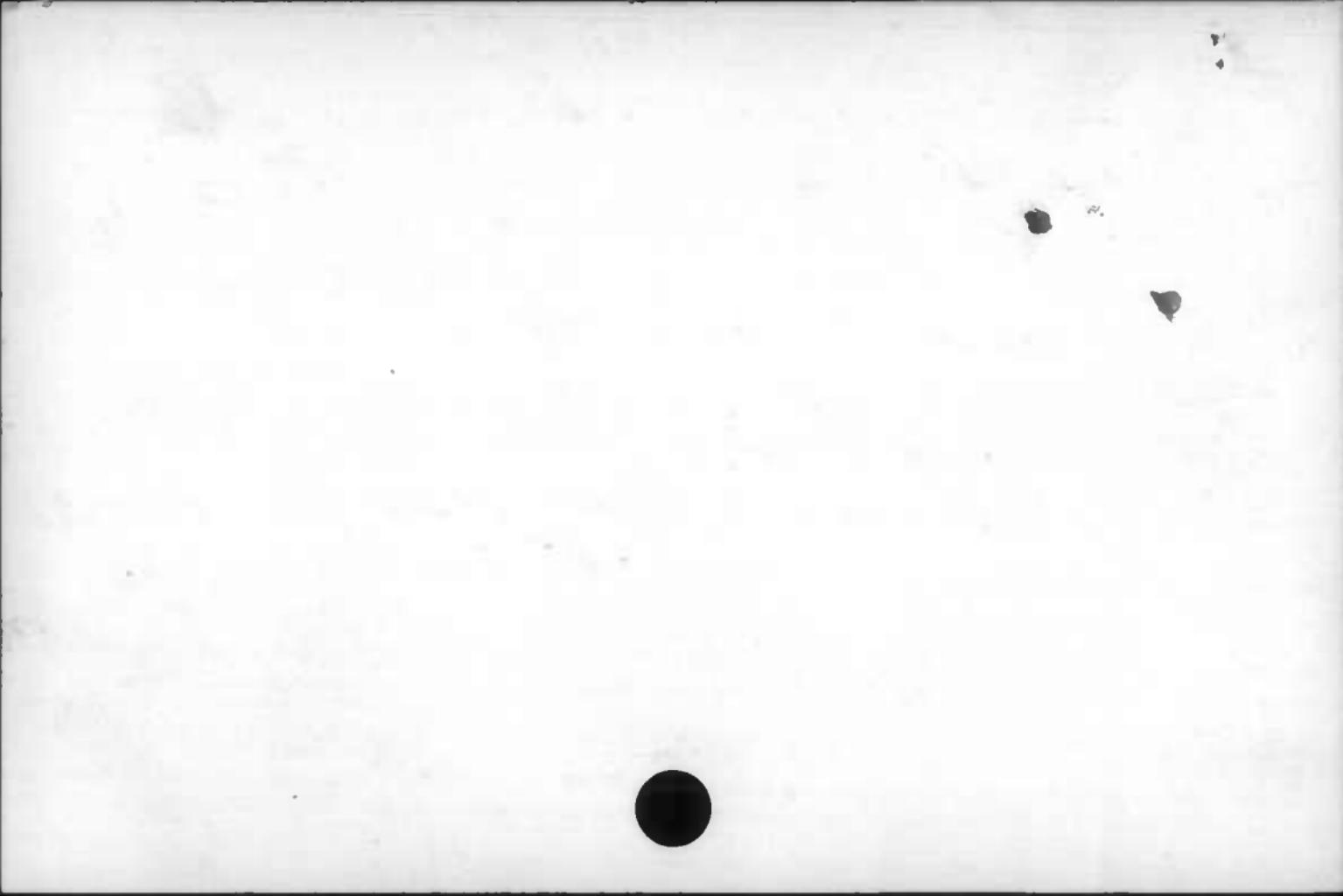
How long  
8 days

How long  
One hour.

Accident or Suicide

722





Name  
in  
Full

Margaret Henrietta Medford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Annapolis, Town a. a County

Date of death 1950 Month April Day 11 Years Age 43

Sex Female Color or Race White

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband

Father's Name Christian Boessel

Mother's Maiden Name Margaret Datch

Name of person giving Information Jesse L. Medford

MARYLAND Months 1 Days 19

Birth-place Maryland

Medford

Father's Birthplace Germany

Mother's Birthplace Baltimore 3d

How related to deceased Husband

79

How long

Several years

How long

4 Weeks

Primary

Cardiac Insufficiency & Nephritis  
Cardiac Dilatations

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

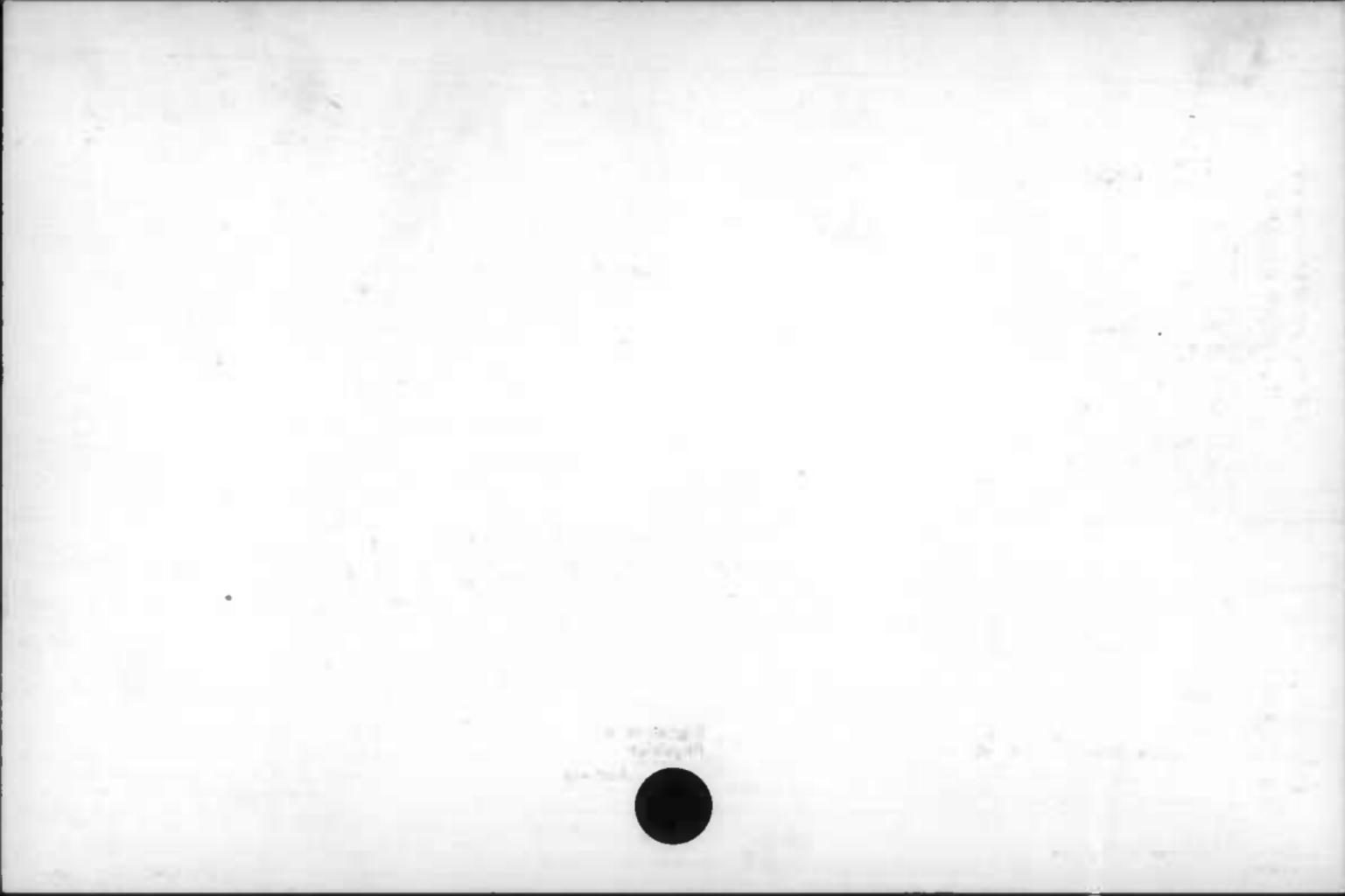
Address

Walton H. Hopkins

Annapolis

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Miriam O'Brien

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1900	Month Apr	Day 5	Years 3	Months 8	Days	
Sex	Female	Color or Race	White		Birthplace	md	
Occupation			Where Residing if not at place of death		—		
Married, Single or Widowed	Sybil	Name of Wife or Husband	—		Father's Birthplace	md	
Father's Name	Bernard O'Brien		—		Mother's Birthplace	md	
Mother's Maiden Name	Elizabeth Brown		—		Name of person giving information	father	
Name of person giving information	Bernard O'Brien		—		How related to deceased	—	

CAUSES OF DEATH

7

How long

5 day

How long

1 "

Primary

Scarlet Fever

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Yes

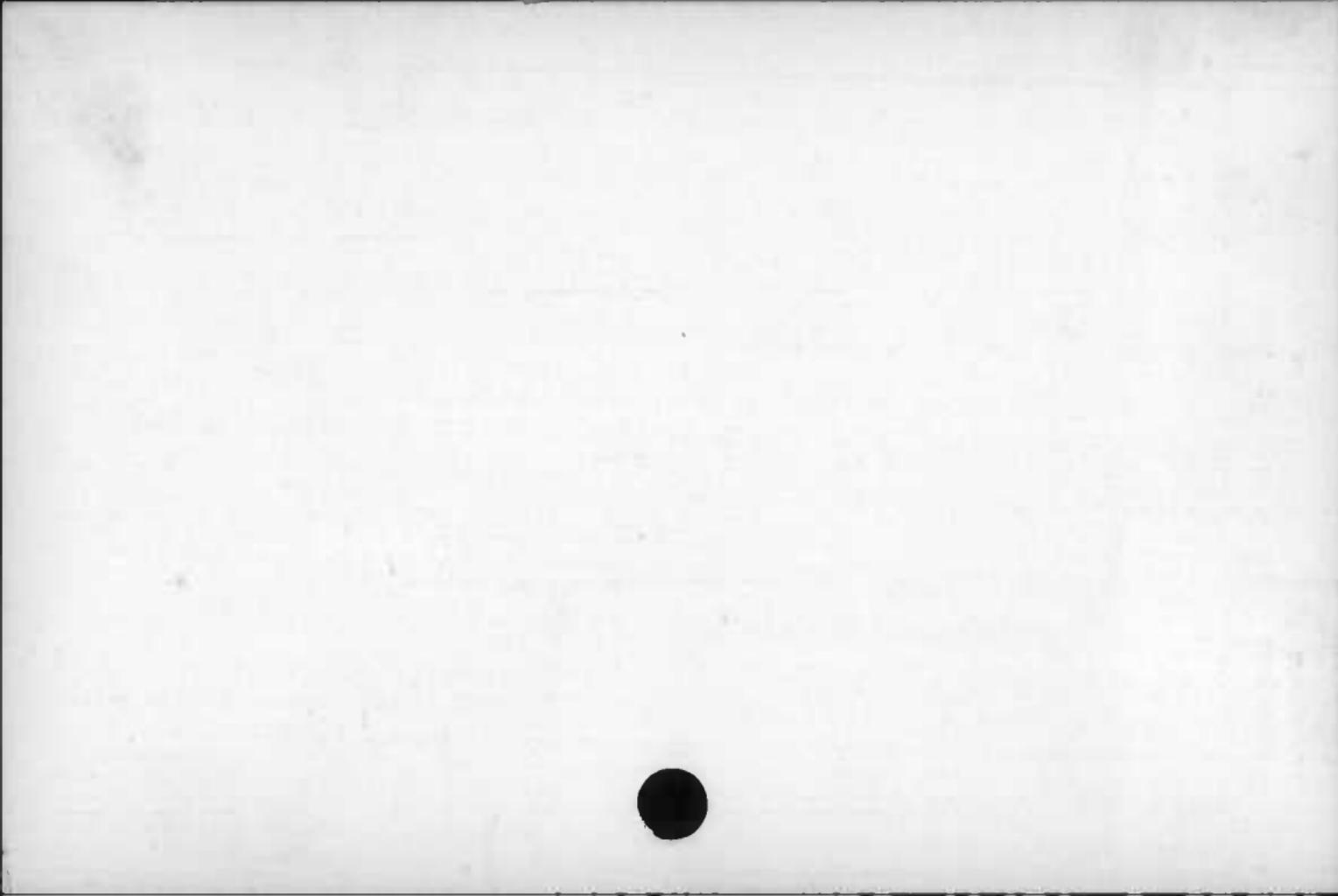
Signature of Physician

Charles Brooks

Address

Brooklyn

Accident or Suicide?



Name  
in  
Full

Mary Offer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Annapolis County A. A.  
Died at Annapolis Month Apr. Day 21 Years 75  
Date of death 190 Month Apr. Day 21 Age 75  
Sex Female Color or Race Colored  
Occupation House wife Where Residing if not  
at place of death AA 60 Md.  
Married, Single or Widowed Married Name of Wife or Husband James Offer  
Father's Name William Jones Father's Birthplace Unknown  
Mother's Maiden Name Unknown Mother's Birthplace Unknown  
Name of person giving Information James Offer How related to deceased Husband

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Accident or Suicide

CAUSES OF DEATH

Senility  
exhaustion

Signature of  
Physician  
Address

154

How long

</



Name  
in  
Full

Ostrowski

(Still birth)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town		County	MARYLAND	
Curtis Bay	Month	Day	Anne Arundel	Months	Days
Date of death 190	April	13	Age	—	—
Sex male	Color or Race	white	Birth-place	Curtis Bay	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Frank Ostrowski				
Mother's Maiden Name	Magie Ostrowski Walega				
Name of person giving Information	Frank Ostrowski				
Father's Birthplace	Austria				
Mother's Birthplace	Austria				
How related to deceased	father				

CAUSES OF DEATH

Primary

Prolonged labor

⑧

How long

Immediate

Pressure on axillary vessels.

How long

Are the name, age, sex, color, date and place correctly given above?

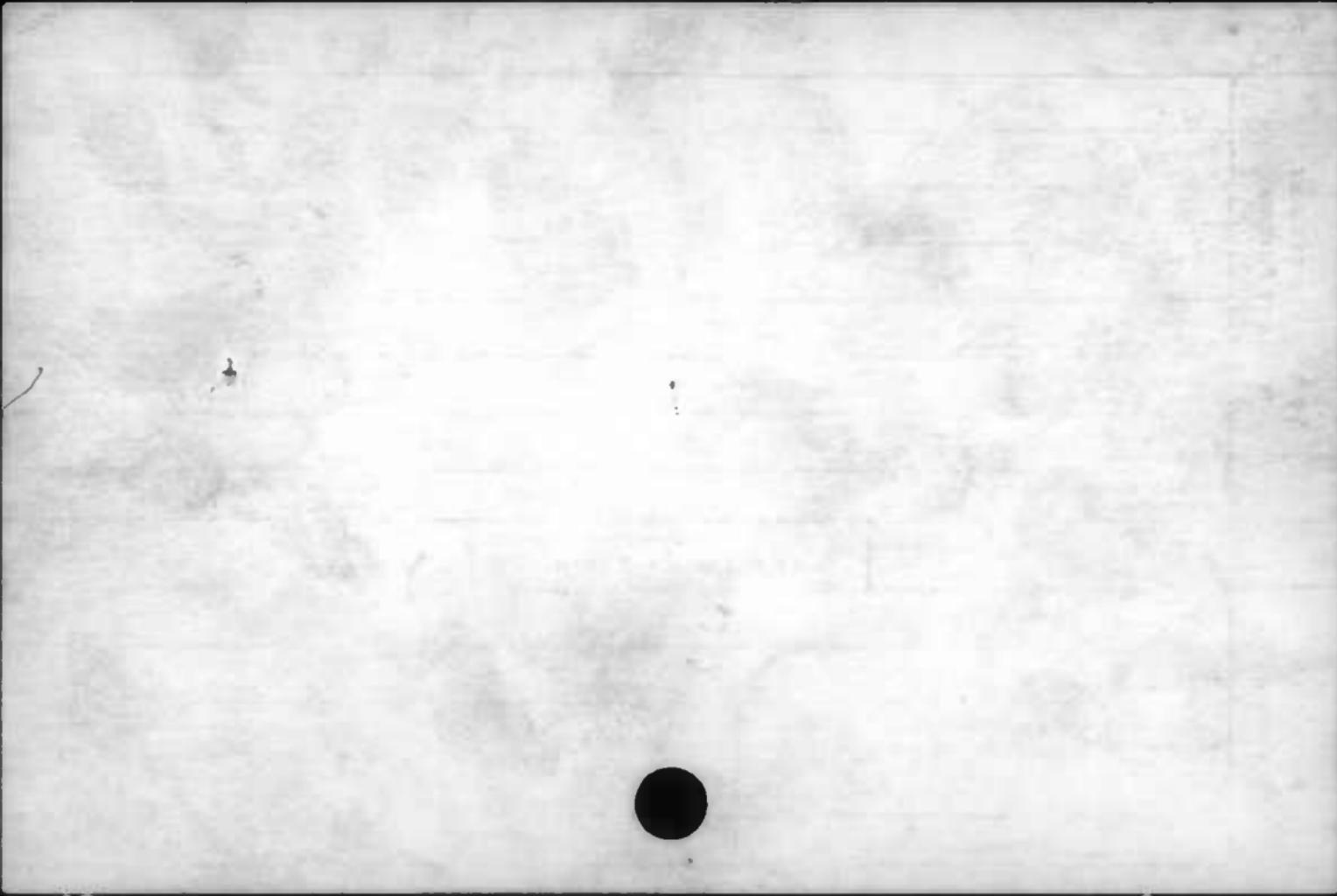
Signature of Physician

Address

yes.

Mary Mread Dean, M.D.  
901 N. Calvert St.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Alice Devens

Town

County

Died at

Leon

Anne Arundel

MARYLAND

Date  
of death 19

1910 Apr.

Month

Day

Years

Months

Deys

23

Age 47

Sex

Female

Color or  
Race

Colored

Birth-  
place

Near Bristol Md

Occupation

House-keeper

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Doris Devens

Father's  
Name

Charles Harrod

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Mary Harrod

Mother's  
Birthplace

1

Names of person giving  
Information

Charles H. Devens

How related  
to deceased

Son

CAUSES OF DEATH

28

How long

Primary

Tuberculosis

Immediate

Asthenia

How long

Are the name, age, sex, color, date  
and place correctly given above?

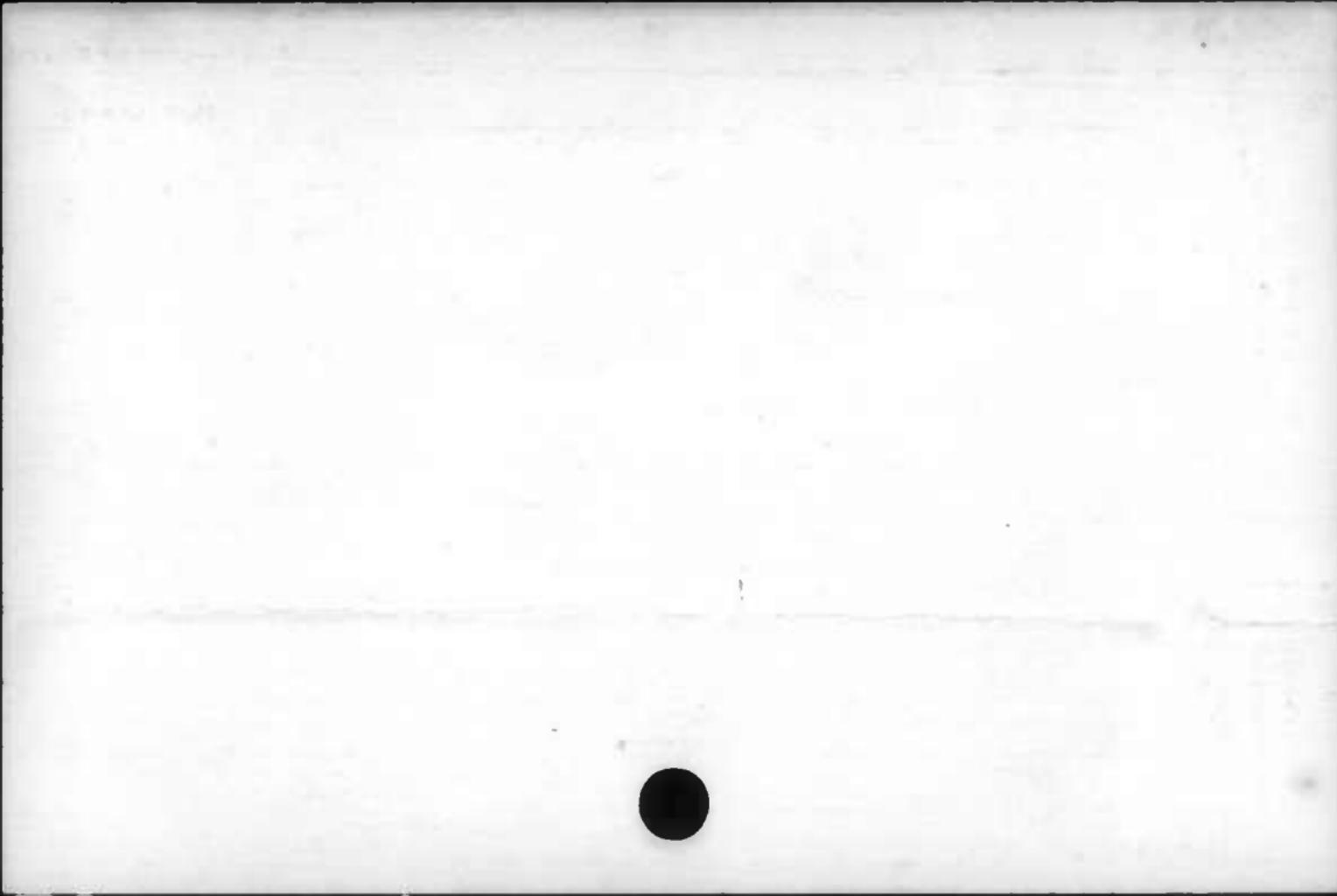
Yes

Signature of  
Physician

Address

Irving D. Chaney MD  
Bristol, Md

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs Virginia Owens

Town  
Died at Bayards

County  
Anne Arundel

MARYLAND

Date  
of death 1940 Month April Day 20

Years  
Age 68

Months  
—

Days  
—

Sex Female Color or  
Race White

Birth-  
place 900, Md

Occupation Housewife

Where Residing if not  
at place of death

Bayard

Married, Single  
or Widowed

Name of Wife or  
Husband

George Owens

Father's  
Name Thomas Welch Birthplace 900, Md

Father's  
Name Thomas Welch

Mother's  
Maiden Name Miss Owens

Mother's  
Name 900, Md Birthplace 900, Md

Name of person giving  
Information John Fisher (64)

How related  
to deceased Son

CAUSES OF DEATH

Primary Arterio-Sclerosis

How long 10 years

Immediate Cerebral Hemorrhage

How long 24 hours

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Yes

Address

Gloucester Cawood, MD  
West River  
Md

Accident or Suicide



Name  
in  
Full

Charles Homer Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Annapolis Town County a-a-a-

Date of death 190 Month April Day 0 Years — Months 1 Days 41

Sex Male Color or Race Colord

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband —

Father's Name James Parker

Mother's Maiden Name Elizabeth Hall.

Name of person giving Information Lucy Hall

Brewerhill

CAUSES OF DEATH

Primary

Gastritis

Immediate

Asthenia

Are the name, age, sex, color, date and place correctly given above?

yes

103

How long

24 hrs

How long

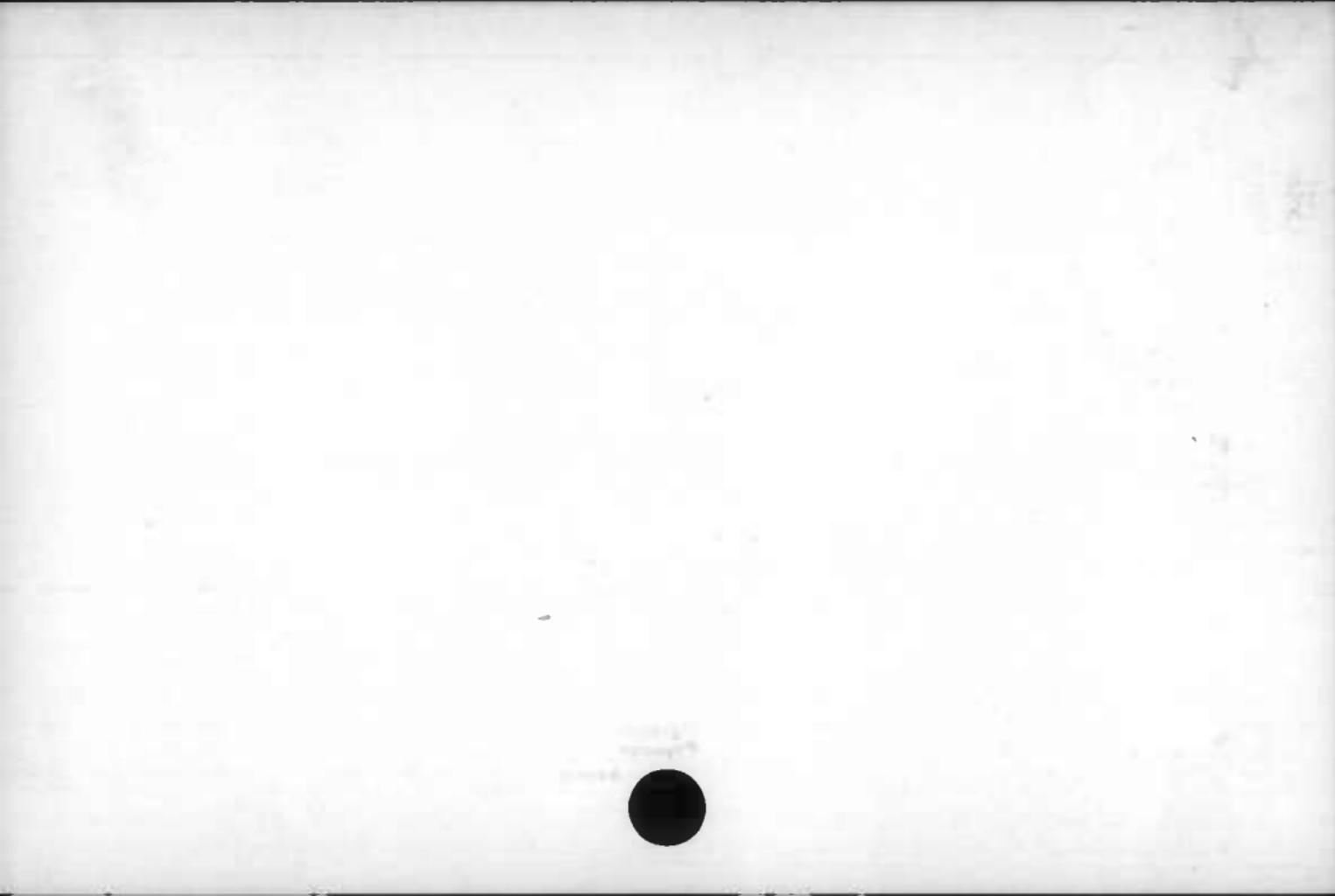
Immediate

Signature of Physician

Address

Ambrose Garcia M.D.  
34 Second St

Accident or Suicide



Name  
in  
Full

William Lawrence Phipps

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1960	Month April	Day 8th	Years 2	Month 3	Days 22
Sex	Male	Color or Race	White			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Guy B. Phipps		Father's Birthplace			
Mother's Maiden Name	Gloria Delmar Rogers		Mother's Birthplace			
Name of person giving information	Guy B. Phipps		How related to deceased			

CAUSES OF DEATH

97

How long

Primary

Broncho-pneumonia 10 days

Immediate

Asphyxia, Heart-failure 24 hours -

Are the name, age, sex, color, date and place correctly given above?

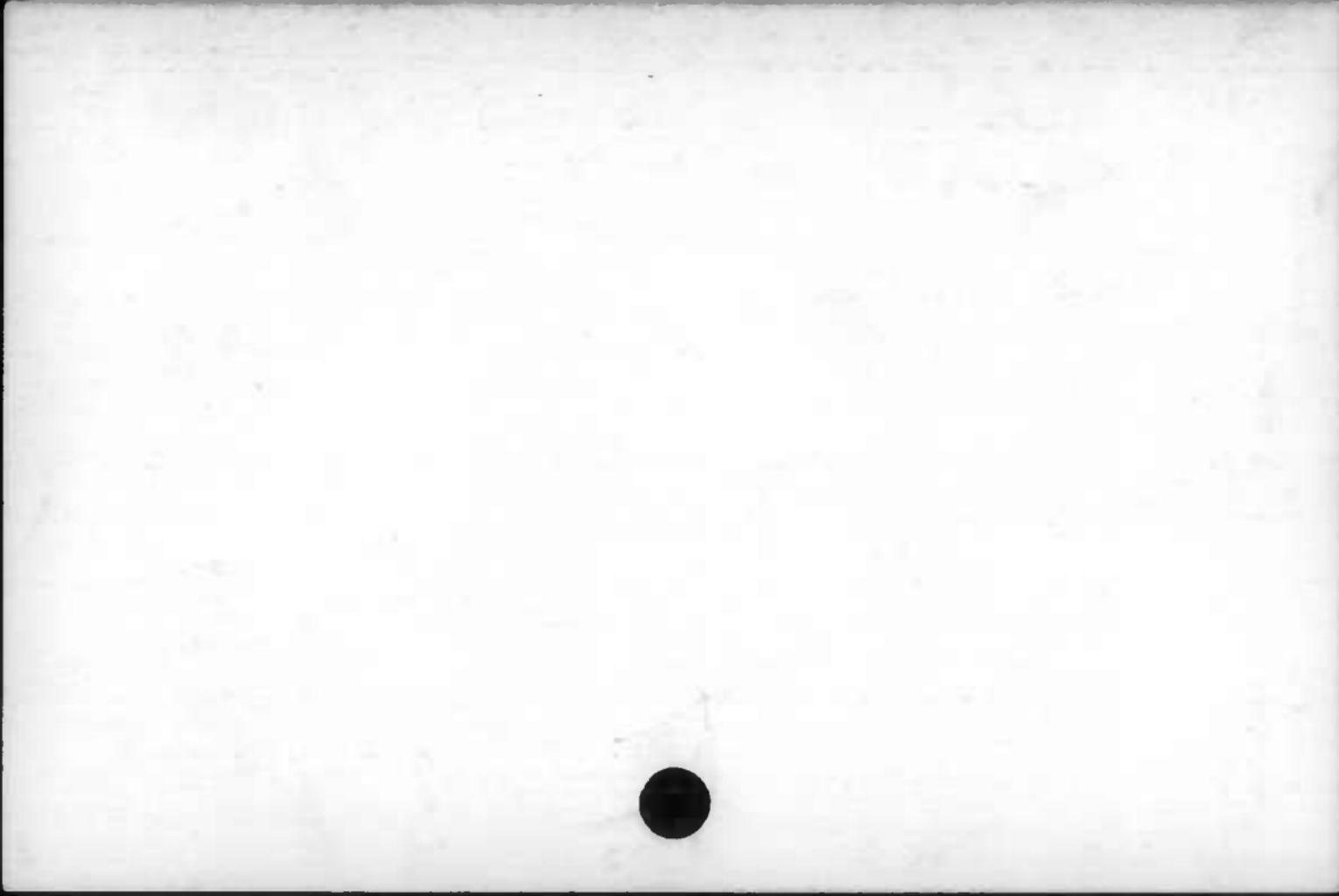
Signature of Physician

Address

G. P. W. Wilson M.D.  
Churchton, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Emma Priscilla Pindell

CERTIFICATE OF DEATH

Died at	Town	Mayo	County	Arundel Anne	MARYLAND				
Date of death	Month	1940	Day	3	Years	61	Months	—	Days
Sex	female	Color or Race	white	Birth-place	Annapolis				
Occupation	a lady	Where Residing if not at place of death							
Married, Single or Widowed	single	Name of Wife or Husband							
Father's Name	Thomas W. Pindell	Father's Birthplace	South River						
Mother's Maiden Name	Emeline P. Lee	Mother's Birthplace	South River						
Name of person giving information	(Mrs.) Chas. F. Lewis	How related to deceased	sister						

CAUSES OF DEATH

66

How long

10 days

How long

PHYSICIAN  
OR CORONER

Primary Paralysis

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

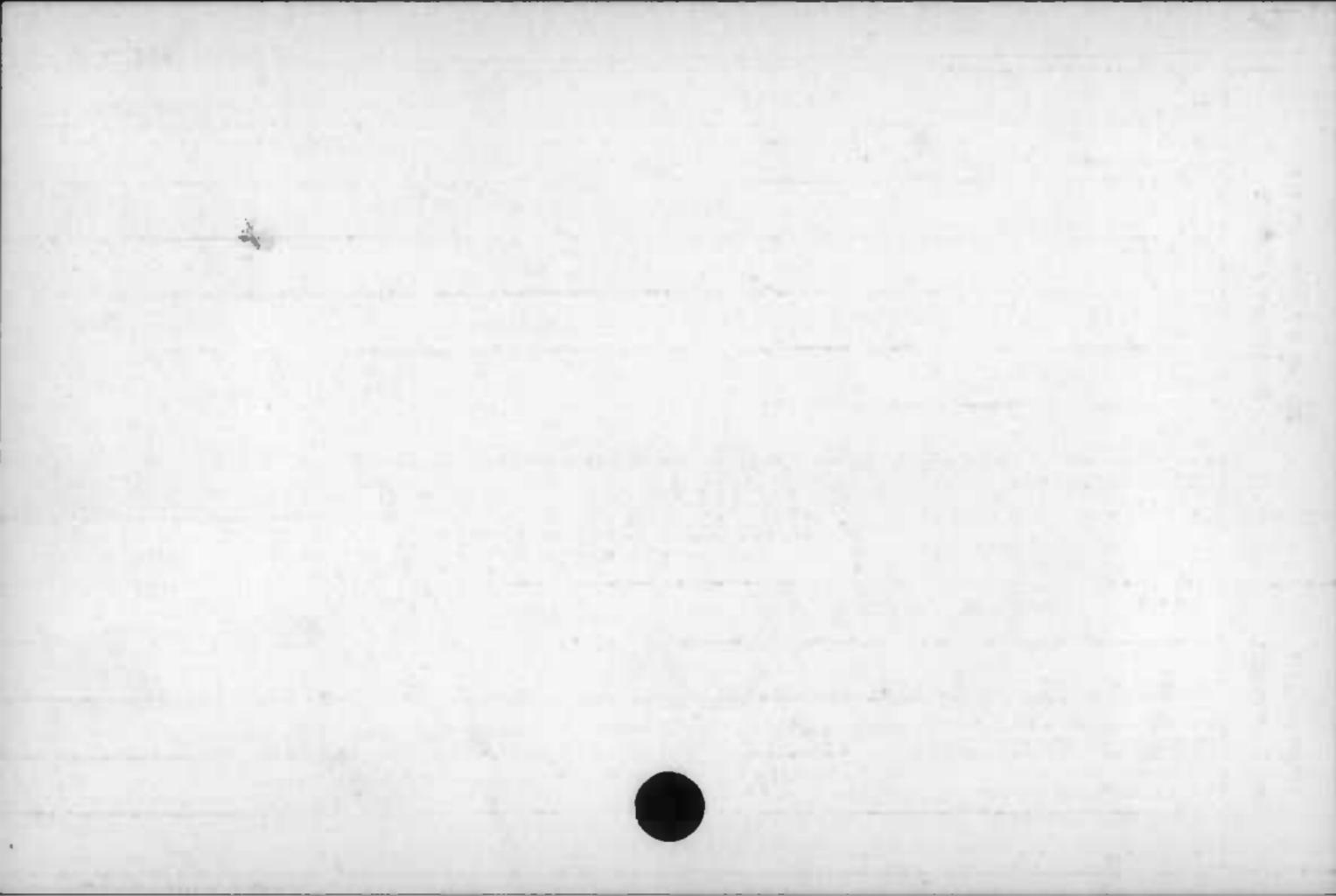
yes

Signature of Physician

Address

John Collinson  
6 South River

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Charley Pinkney

CERTIFICATE OF DEATH

MARYLAND

Died at Annapolis Town County A.-A.-

Date of death 190 Month Day Years Months Days April 30 1 - -

Sex Male. Color or Race Colored

Occupation

Where Residing if not at place of death

Birth-place Annapolis

74. Washington St.

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Newton Pinkney

Father's Birthplace

Annapolis

Mother's Maiden Name

Hallie Smith

Mother's Birthplace

Annapolis

Name of person giving Information

Newton Pinkney

How related to deceased

Father

Brewsterhill

CAUSES OF DEATH

(61)

Primary

Dentition  
Meningitis

Ridout

How long

Several days

How long

Immediate

Signature of Physician

Address

John Ridout  
Annapolis  
Md

Are the name, age, sex, color, date and place correctly given above?

Yes

Accident or Suicide



Name  
in  
Full

Harriet Polaski

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Leaven</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death <u>1918</u>	Month <u>April</u>	Day <u>20</u>	Age	Years	Months
Sex <u>female</u>	Color or Race	<u>white</u>		Birth-place	<u>Anne Arundel Co</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>John Polaski</u>				
Mother's Maiden Name	<u>Katie Machreger</u>				
Name of person giving information	<u>John Polaski</u>				
CAUSES OF DEATH					

PHYSICIAN  
OR CORONER

Primary How long

Immediate Throbbing Cough How long 3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Thomas A. Drayshan

Yes

Address Glen Burnie

Accident or Suicide?



Name  
in  
Full

Mary H. Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County  
Died at Annapolis Maryland  
Date of death 1960 Month April Day 2 Years 34 Months — Days —  
Sex Female Color or Race Colored Birth-place Annapolis and  
Occupation Domestic work Where Residing if not at place of death 110 Market st  
Married, Single or Widowed Married Name of Wife or Husband Thomas Richardson  
Father's Name Augustus Baden Father's Birthplace Pineygoat, Md  
Mother's Maiden Name Jane Baden Mother's Birthplace Pineygoat, Md  
Name of person giving Information Thomas Richardson How related to deceased Husband

PHYSICIAN  
OR CORONER

Primary

Influenza

(10)

How long  
Several days

Immediate

Pneumonia

CAUSES OF DEATH

Signature of  
Physician

Address

John Ridout, M.D.  
Annapolis, Md

Are the name, age, sex, color, date and place correctly given above?

Yes

Accident or Suicide



Name  
in  
Full

Ellen Ridout

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

3rd dist.

Town

A. A. County

Date  
of death

19010 April

Month

13<sup>th</sup> Day

Years

49 Age

Months

Days

Sex

Female

Color or  
Race

white

Birth-  
place

A. A. Co.

Occupation

House Wife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

J. D. Ridout

Father's  
Name

Thomas J. Messick

Father's  
Birthplace

Balto. Md.

Mother's  
Maiden Name

Anna R. Ridout

Mother's  
Birthplace

A. A. Co.

Name of person giving  
Information

J. D. Ridout

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Pneumonia

93

How long

9 Days

Immediate

Cardiac. Asthma

How long

1 Day

Are the name, age, sex, color, date  
and place correctly given above?

yes

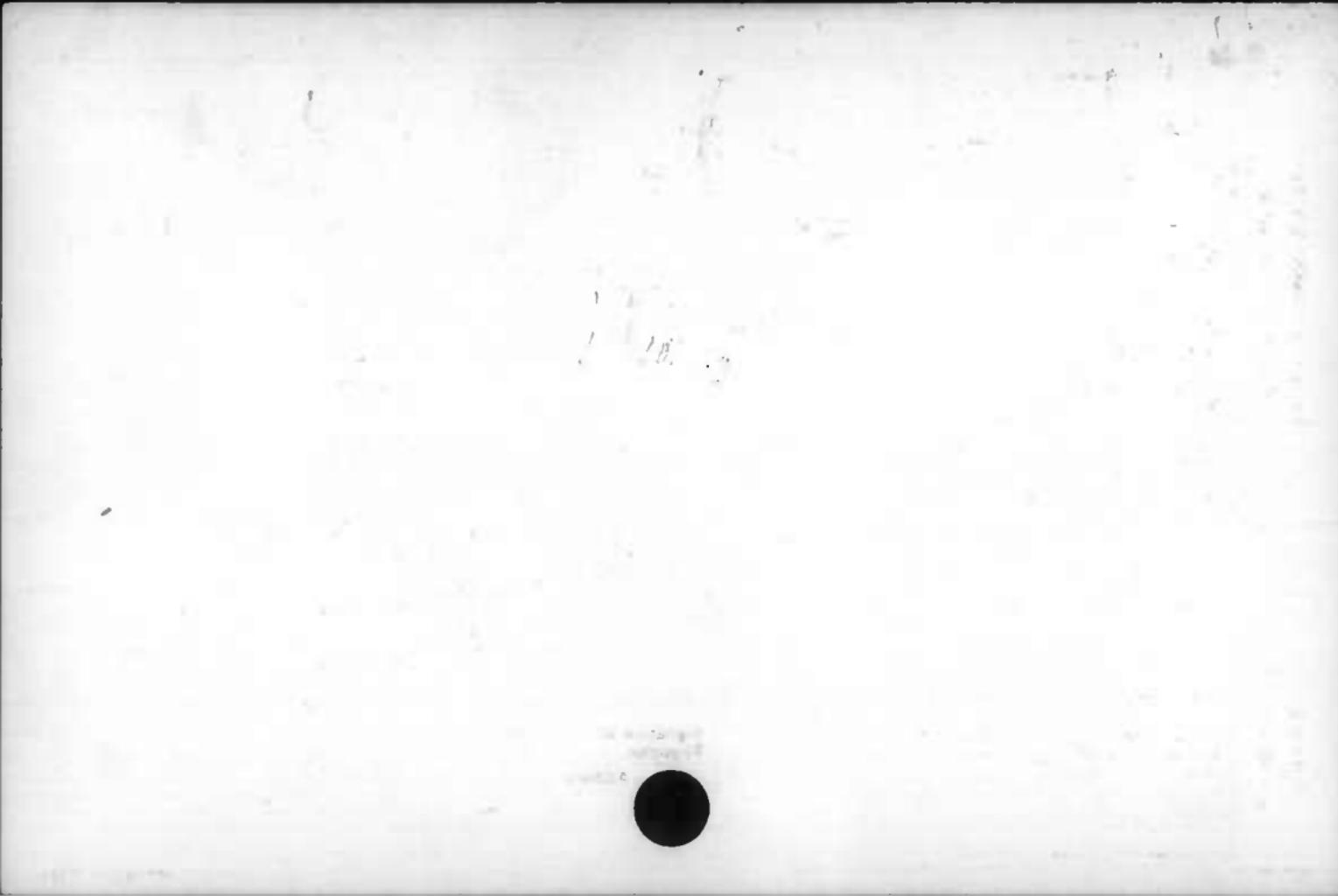
Signature of  
Physician

Walton H. Hopkins.

Address

Annapolis. Md.

Accident or Suicide



Name  
in  
Full

Karel Servcek

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	So. Baltz	town	County	MARYLAND		
Date of death	10	Month JPr	Day 23	Age	Years 1	Months 2
Sex	male	Color or Race	white	Birth-place	So. Baltz, Md	
Occupation				Where Residing if not at place of death		

Married, Single or Widowed

Name of Wife or Husband

Father's Name

John Servcek

Father's Birthplace

Europe

Mother's Maiden Name

Anne Zelinka

Mother's Birthplace

Europe

Name of person giving information

John Servcek

How related to deceased

Father

CAUSES OF DEATH

Primary

Indigestion

103



2 days

Immediate

Convulsions

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. B. Norton  
So. Baltz, Md.

PHYSICIAN  
OR CORONER

Accident or Disease



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary Ann. Silver  
Town County  
Died at Eastport D. D.  
Date of death Month Day Years Months Days  
1900 Apr 10 47 2 9  
Sex Female Color or Race White  
Occupation House Wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband

Father's Name Martin H. Silver

Mother's Maiden Name Veronica Hindenre

Name of person giving Information Margaret Ryan

MARYLAND  
Birth-place Germany

Father's Birthplace Germany

Mother's Birthplace Germany

How related to deceased Daughter

CAUSES OF DEATH

43

How long

4 years

How long

6 months

Primary

Carcinoma of breast

Immediate

Exhaustion & Coagula

Are the name, age, sex, color, date and place correctly given above?

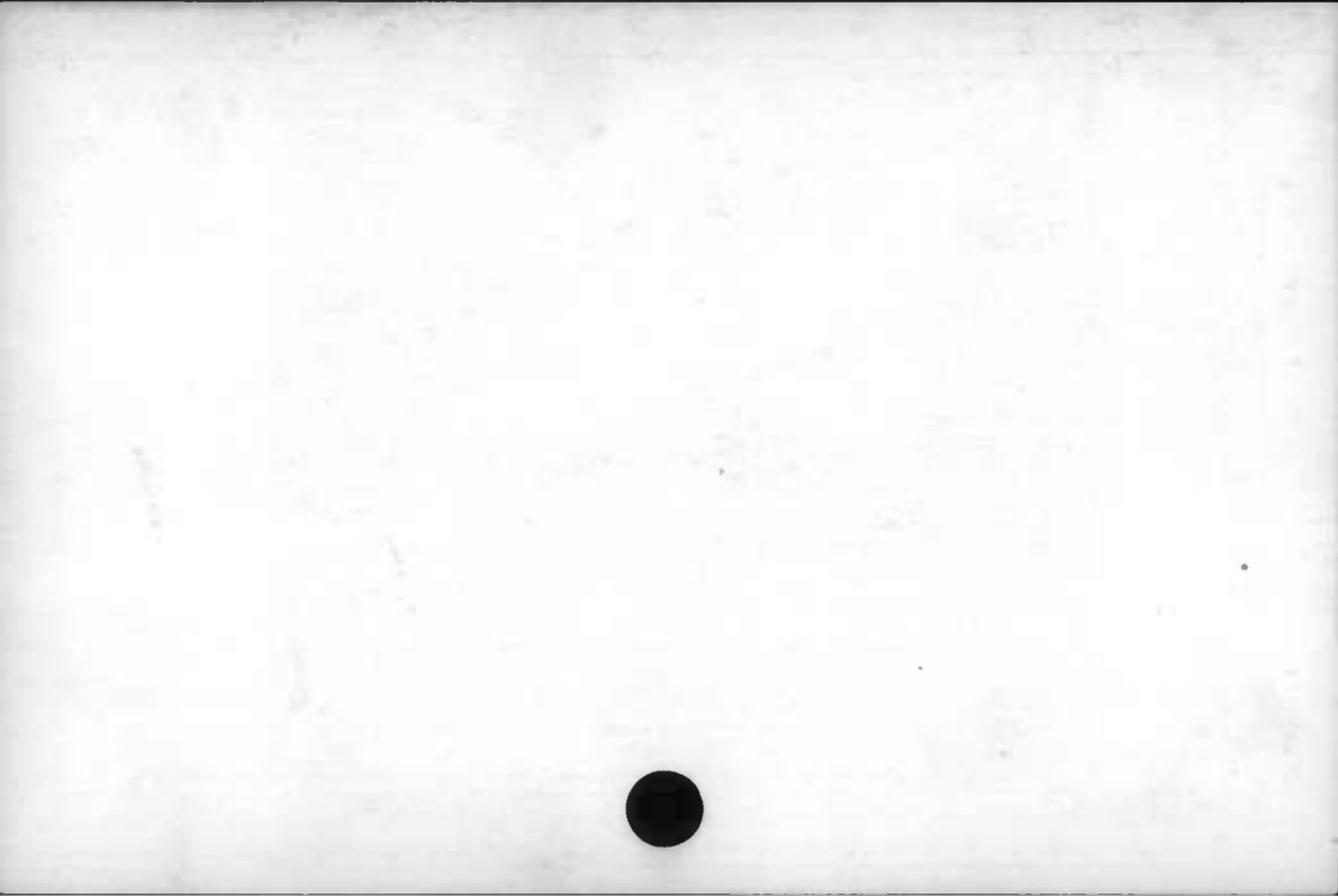
Signature of Physician

Address

J. H. Adams  
Annapolis, Md.  
U.S. Naval Hospital

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Walleye Smalleywood

CERTIFICATE OF DEATH

Died at Boulden's Town Ad County MARYLAND  
Date of death 1910 Month Apr Day 15 Year 20 Months - Days -  
Sex Male Color or Race Latvian Birthplace Unknown  
Occupation Laborer Where Residing if not at place of death —  
Married, Single or Widowed Single Name of Wife or Husband —  
Father's Name Gypsy Smalleywood Father's Birthplace Unknown  
Mother's Maiden Name Terriq, Norma Mother's Birthplace Unknown  
Name of person giving Information Stephen Doss How related to deceased Friend

CAUSES OF DEATH

Primary

Accidental Drowning

164

How long

Immediate

Drowning

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John D. H. Lee  
Coroner

Accident or Suicide

Accident

Annapolis Md



Name  
in  
Full

Infant Spriggs  
Annapolis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Town Month Day  
Date of death 190 April 10

a-a- County

Months Day

Age —

Sex Female

Color or Race

Colord

Birth-place Annapolis

Occupation —

Where Residing if not  
at place of death

143. West St

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name

Harry Spriggs

Father's Birthplace

Annapolis

Mother's Maiden Name

Agnes Dobe

Mother's Birthplace

Annapolis

Name of person giving Information

Harry Spriggs

How related to deceased

Daughter.

Asbury.

CAUSES OF DEATH

1/25/55

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

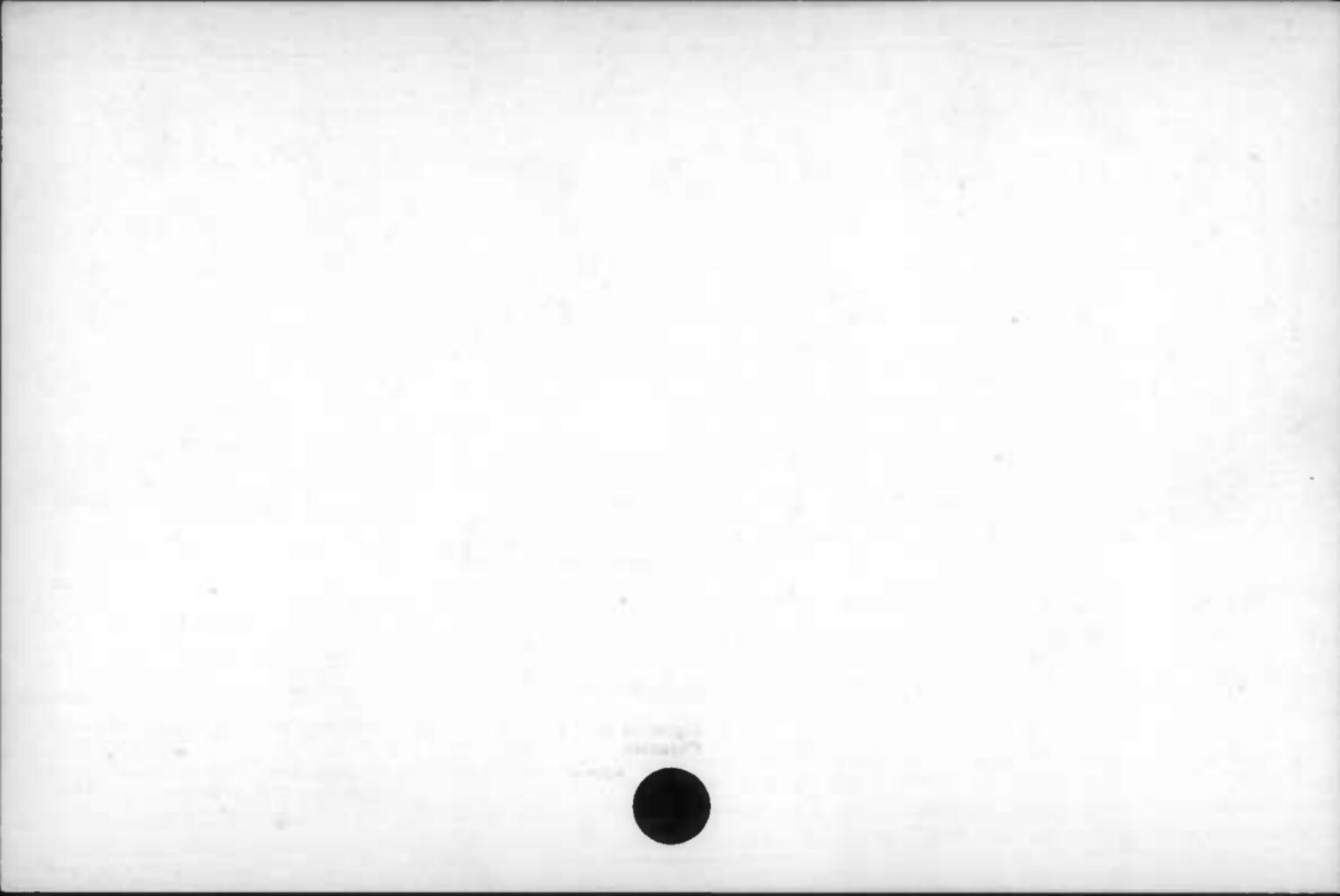
Signature of Physician

Address

P. P. Keefer  
Cathedral St.  
Annapolis

Accident or Suicide

No



Name  
in  
Full

Emma Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Portland Town Anne Arundel County MARYLAND  
Date of death 1910 Month April Day 28 Years 43 - Months   Days    
Sex Female Color or Race Colored Birth-place Maryland  
Occupation house work Where Residing if not at place of death  
Married, Single or Widowed Widow Name of Wife or Husband Chas Taylor  
Father's Name Nathan Allow Father's Birthplace Maryland  
Mother's Maiden Name Adeline Haines Mother's Birthplace Maryland  
Name of person giving Information Schuler Allow How related to deceased Brother.

CAUSES OF DEATH

Primary

Paralysis -

64

How long

2 mos

Immediate

Cerebral hemorrhage

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

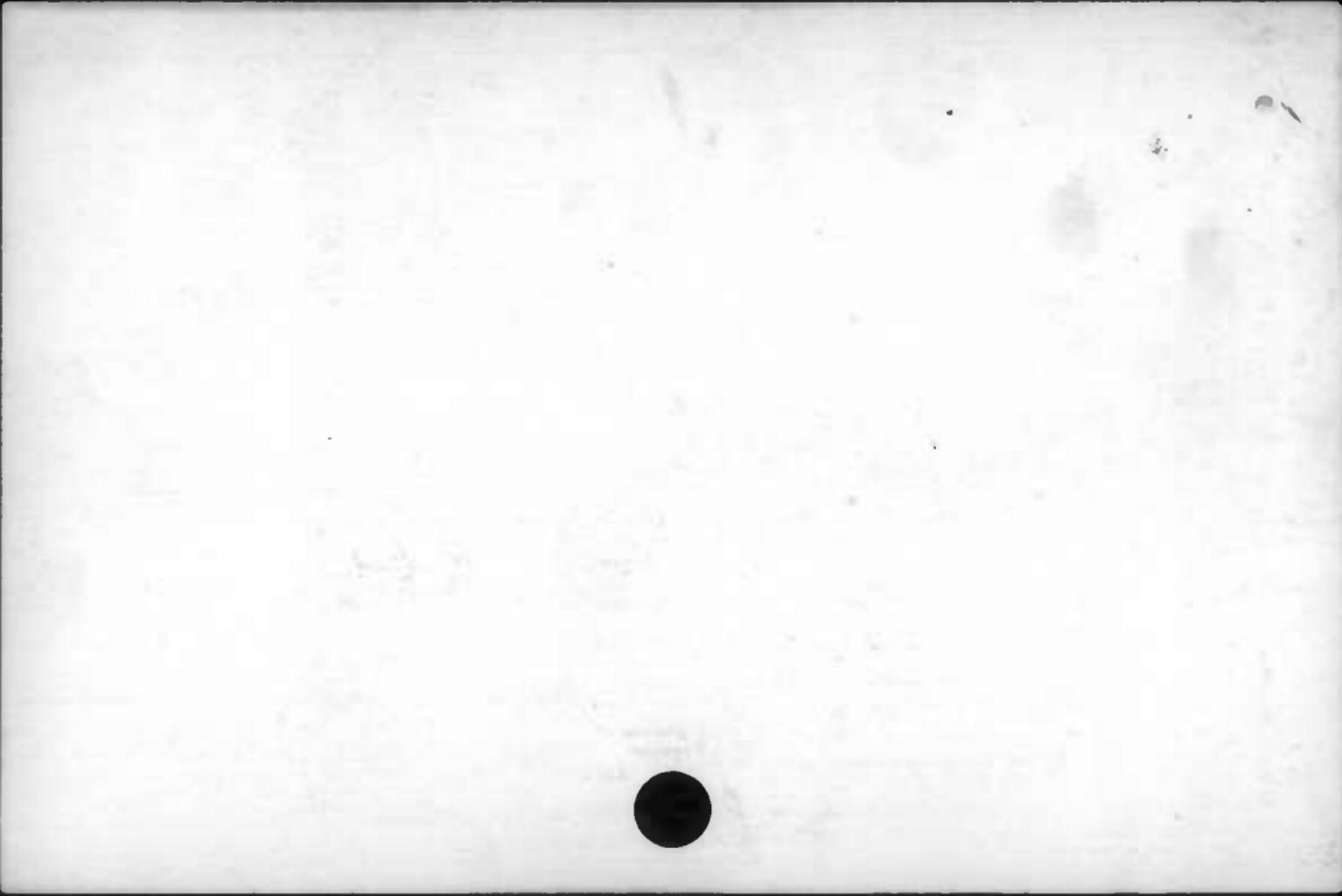
yes

Signature of  
Physician

Address

Q. Thompson  
Odenton.

Accident or Suicide



Name  
in  
Full

Lizzie Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	doubt known		Father's Birthplace			
Mother's Maiden Name	doubt known		Mother's Birthplace			
Name of person giving information	Maria Pitts		How related to deceased			

CAUSES OF DEATH

Primary

Rheumatism

(H)

How long

6 months

Immediate

Heart failure

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

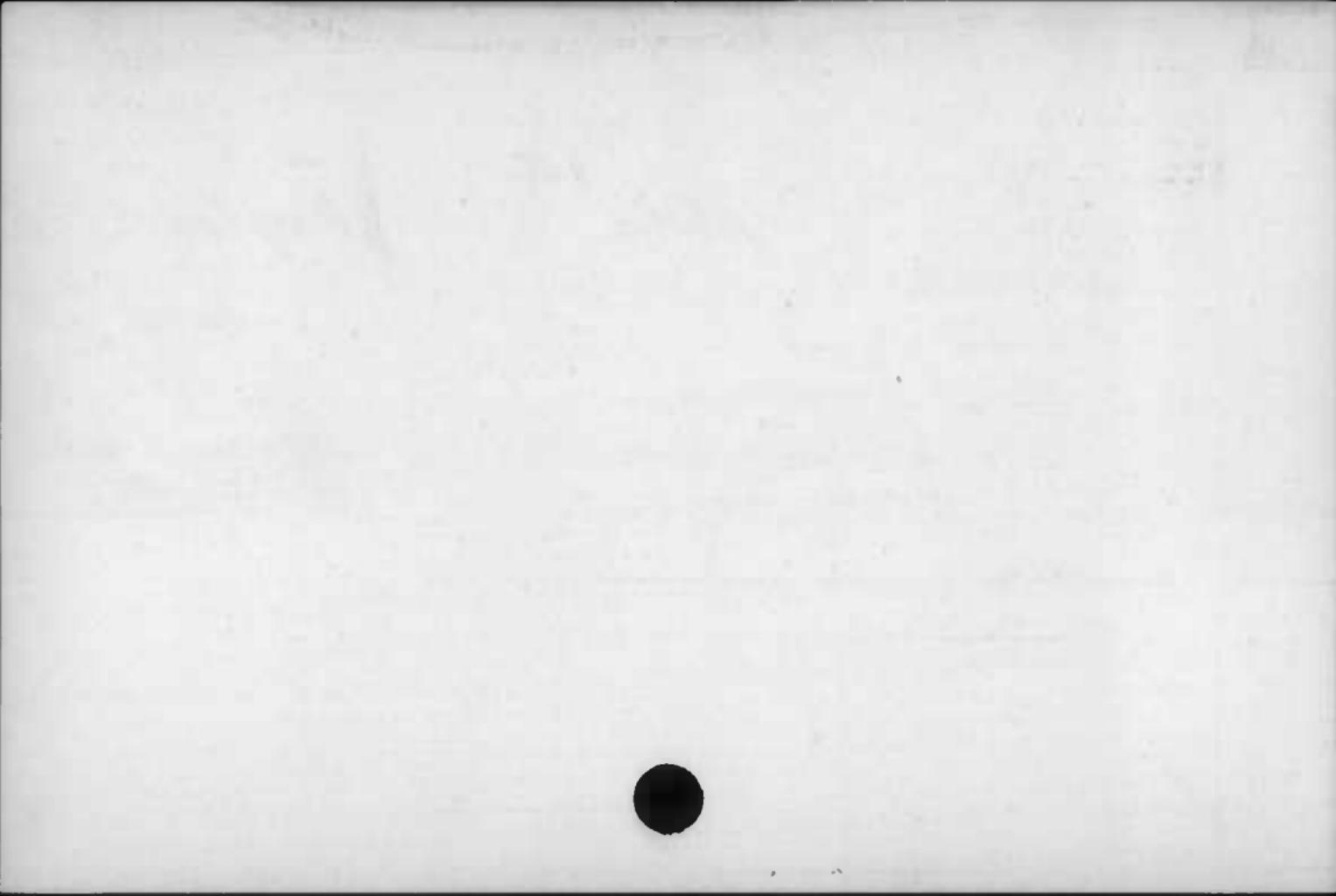
Signature of Physician

Thomas A. Boagshaw

Accident or Suicide?

Address

Green Berlin



Name  
in  
Full

Archibald Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1900	Month Apr.	Day 27	Years 15	Months	Days
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Sailor	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	John Turner	Father's Birthplace	Maryland			
Mother's Maiden Name	Mary E. Sowman	Mother's Birthplace	Maryland			
Name of person giving information	John Turner	How related to deceased	Father			

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary

Grip

How long

2wks

Immediate

Endocarditis

How long

6 "

Are the name, age, sex, color, date and place correctly given above?

yes

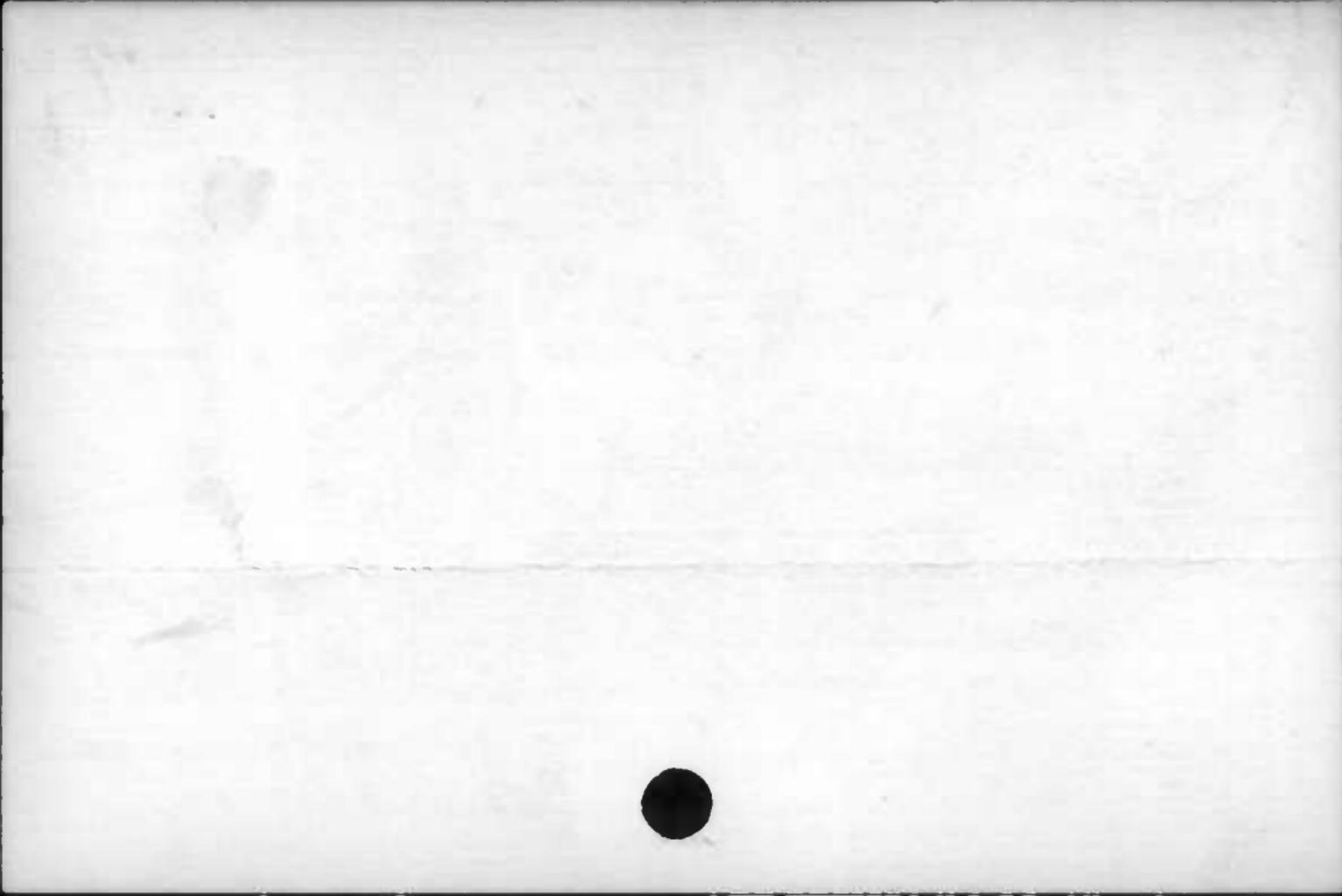
Signature of Physician

H. B. Lantz

Address

Melrose

Accident or Suicide



Name  
in  
Full

William Wade

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

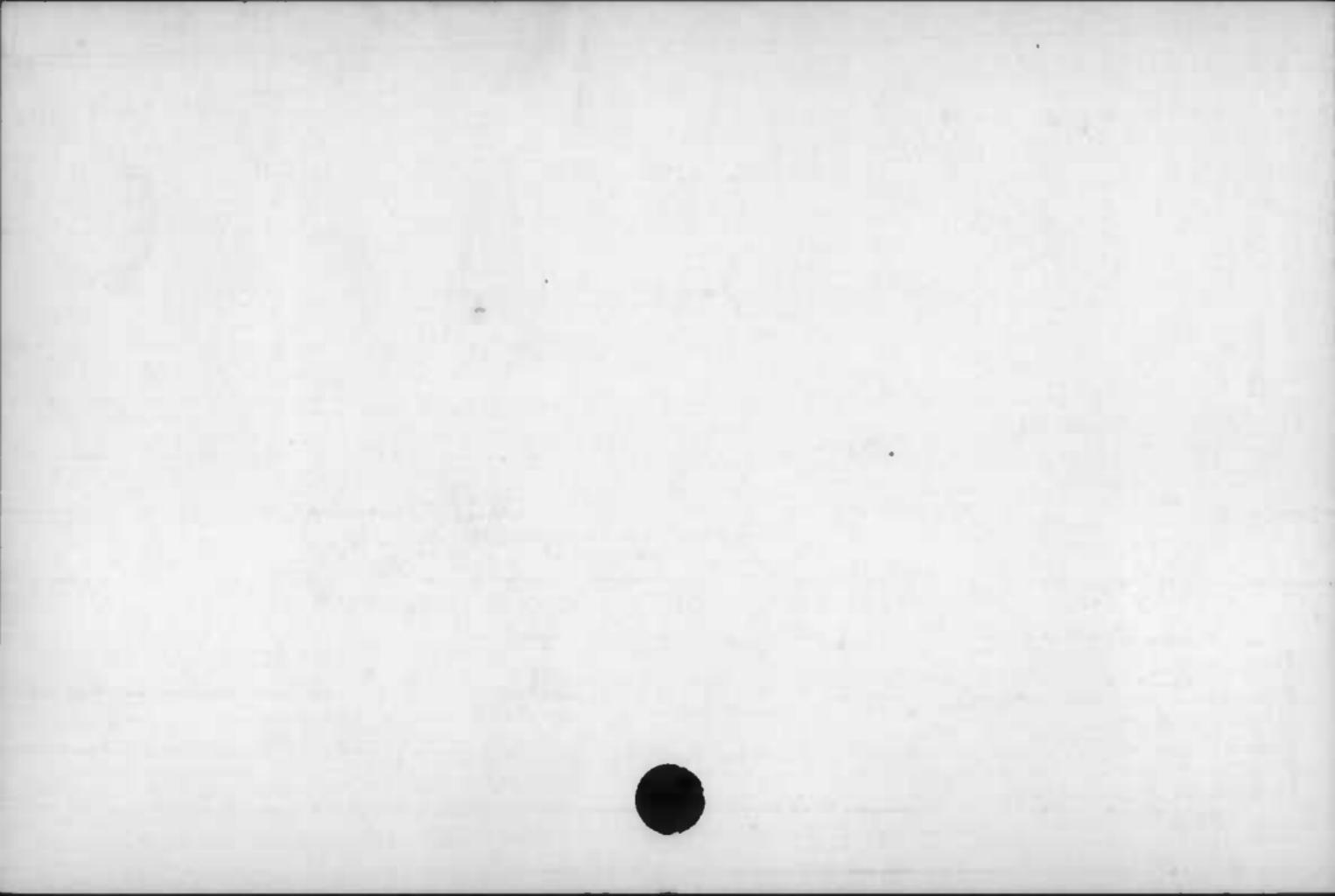
PHYSICIAN  
OR CORONER

Died at <u>Passawomenie</u>		Town <u>a a</u> County		MARYLAND	
Date of death <u>1910 April</u>	Month <u>April</u>	Day <u>12</u>	Age <u>86</u>	Years <u>86</u>	Months <u>2</u> Days
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place <u>a a co</u>	
Occupation <u>Retired merchant</u>		Where Residing if not at place of death <u>Passawomenie</u>			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Ellen D. Wade</u>			Father's Birthplace <u>a a cd</u>	
Father's Name <u>John K. Wade</u>			Mother's Birthplace <u>a a cd</u>		
Mother's Maiden Name <u>John K. Wade</u>			Name of person giving information <u>Elsey Wade</u>	How related to deceased <u>son</u>	

CAUSES OF DEATH

(154)

Primary	How long
Immediate <u>General debility</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Thomas H. Bradshaw</u>
<input checked="" type="checkbox"/> <u>yes</u>	Address <u>Gen. Burnie</u>
Accident or Suicide?	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Did at	Town	County	
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Mother's Maiden Name	Unknown	Mother's Birthplace	
Name of person giving information	Mr. Cole	How related to deceased	not at all

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

28

How long

6 mos.

Immediate

Pulmonary Haemorrhage.

How long

2 minutes

Are the name, age, sex, color, date and place correctly given above?

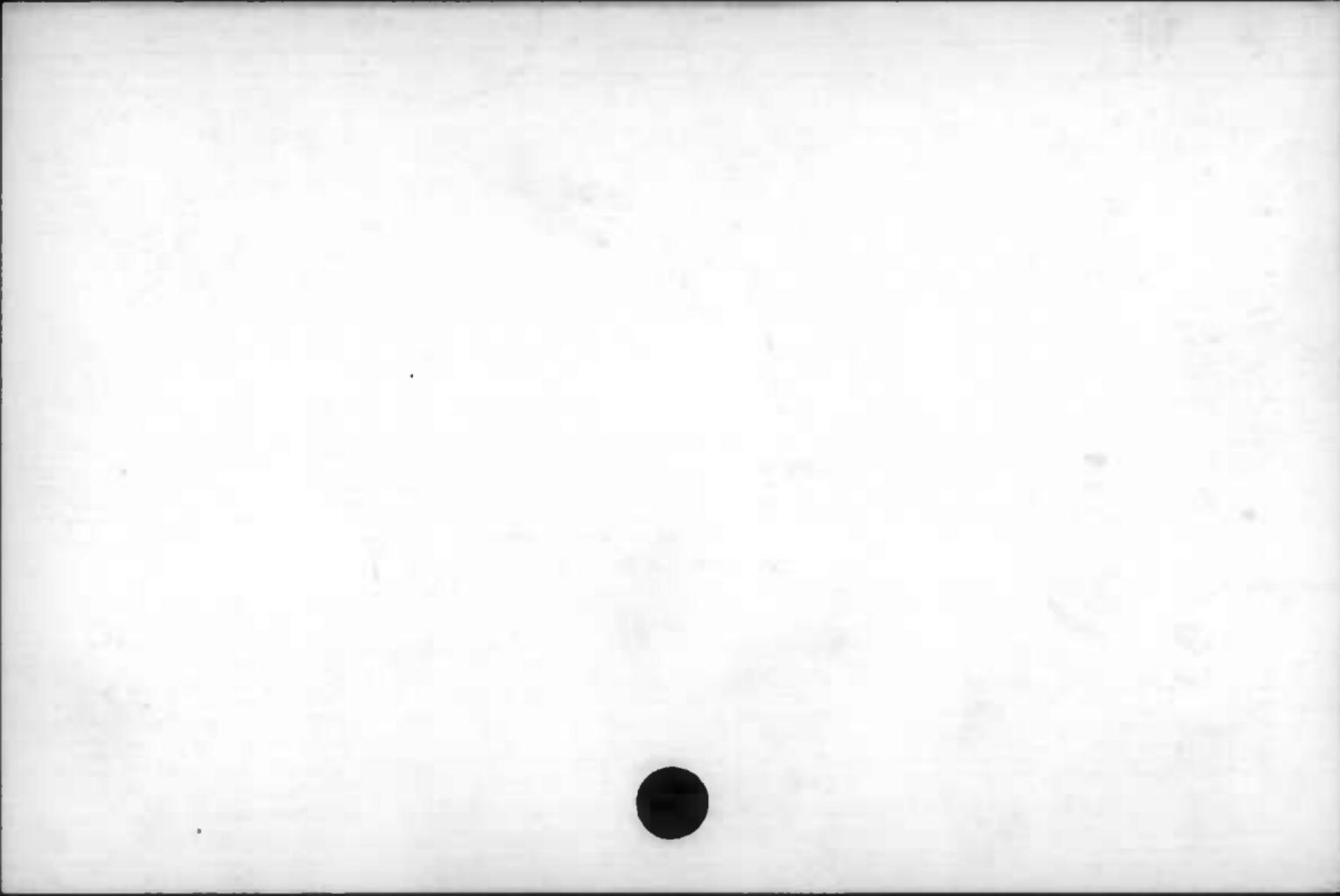
Yes

Signature of Physician

Address

D. N. Dersal  
Laurel  
Md.

Accident or Suicide



Name  
in  
Full

Lucy Berry Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Chesterfield

County

MARYLAND

Town

Anne Arundel

Months

Date of death 1906 April 24

Day

Years

Months

Age 33

Days

6

18

Sex Female

Color or  
Race

White

Birth-  
place

Baltimore

Occupation

Housewife

Where Reading if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Benjamin Watkins

Father's  
Birthplace

Thomas B. Beale

Virginia

Mother's  
Maiden Name

Marrison Berry

Mother's  
Birthplace

Baltimore

Name of person giving  
Information

Benjamin Watkins

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Diabetes

50

✓

How long

4 years

Immediate

Coma

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

John Collinson  
South River  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Ann M. Whittington  
Town St. of  
Annapolis County

CERTIFICATE OF DEATH

MARYLAND

Died at Annapolis St. of  
Date Month Day Years Months Days  
of death 1900 Apr. 2 Age 64

Sex Male

Color or  
Race

White

Months Days

Occupation

Housewife

Where Residing if not  
at place of death

Birth-  
place St. St. 60 Ma

Married, Single  
or Widowed Widow Name of Wife or  
Husband

A. Franklin Whittington

Father's  
Name Edward Hall

Father's  
Birthplace Unknown

Mother's  
Maiden Name Henrietta Hall

Mother's  
Birthplace Unknown

Name of person giving  
Information Mary E. Duvall

How related  
to deceased Daughter

CAUSES OF DEATH

Primary Coccinoma of Ovary one year

42

How long

Immediate Asthma

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. Oliver Purvis  
Annapolis  
Md

Accident or Suicide

ur



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Ease Dunlop Wilson.

CERTIFICATE OF DEATH

Town		County		MARYLAND	
Died at Nor. Hospital		A.A. Co.			
Date of death 1900	Month Apr	Day 16	Years 22-8	Months 6	Days 0
Sex male	Color or Race white	Birth-place Ky.			
Occupation Midshipman	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband wife				
Father's Name Unknown	W.M. B. Wilson	Father's Birthplace			
Mother's Maiden Name Unknown		Mother's Birthplace			
Name of person giving Information	From family Records	How related to deceased			

Injured in foot-ball game (S. 14.)

CAUSES OF DEATH

Primary Fracture 5th rib, vert.

104

How long

171

How long

Six months

Immediate Exhumation

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Holden  
Surgeon, U.S.N.

Accident or Suicide Accident

yes

